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ART. I.—*Notes on Medical Matters and Medical Men in Paris.*—By DAVID W. YANDELL, M.D., of Louisville, Ky.

The following interesting case occurred in the wards of M. Hugier, of Lourcine hospital, whom, you will remember as the author of the lecture on Catarrh of the Uterus, which I sent you some months ago.

A Case of Cancerous Encephaloid Neuroma developed in the course of the posterior Tibial Nerve.

The patient, aged 28 years, is a seamstress, of a nervous temperament and very irritable. A tumor, ovoidal in form, of the volume of a fœtal head at full term, projects on the internal face of the right leg, occupying the whole of its inferior third. Perfectly regular in all its points, its greatest diameter is in the vertical. It gives an obscure sense of fluctuation to the touch. Taking it between both hands a for-

ward and backward movement may be imparted to it, during which the patient feels no pain. But if it is attempted to move it vertically, especially from below upwards, the suffering is excessive, and increases with the degree of traction exercised. Further than this the patient complains only of a sensation of embarrassment and fatigue. The mobility of the tumor precluded the idea of its being attached by a pedicle to either of the bones. Before entering into a detail of the operation and of its results, it may be well to indicate as briefly as possible the etiology, commencement and progress of the disease.

"Fourteen years ago," in the language of the patient, "I fell from the top of a dung cart and sprained my foot. The pain and swelling which followed disappeared at the end of a few days. But six years after, while accidentally passing my hand over my leg, I felt a hard, rounded, painless, and moveable enlargement, about the size of a filbert. From this time I often touched it with my hand, and I am confident that for some years it did not seriously augment in volume. Within the last four years, however, it has sensibly increased; to day it embarrasses me, and I wish to be cured." To this the patient added that she was of a healthy family, that none of them, to her knowledge, ever suffered from any cancerous affection; and finally that she was the mother of a healthy family of children.

The only treatment pursued up to the day of the operation consisted in some bitter tisans; no topical applications had been made. About a month since, the introduction of a trochar gave issue to a few drops of bloody serum.

The patient being placed on her back, her right leg pronated, and insensibility being produced by the administration of chloroform, J. L. Petit's *garrot* was applied, and the operation performed in the following manner:

A longitudinal incision, exposing the internal saphena vein, was first made. A ligature was applied to this vessel in order to prevent hemorrhage; a second incision, perpendicular to the first, divided the posterior lip of this into two parts of

equal length. The flaps comprising the aponeurosis of the leg were dissected with care. This exposed to view a regular, shining, polished cyst, which allowed itself to be detached from the neighboring tissues with the greatest facility, except at its superior and inferior extremities, which were continued and held by a resisting prolongation from above downwards; the ligature was thrown around the entire mass, and the extirpation terminated with a pair of scissors.

Ligatures being thrown around some of the smaller arteries, the cavity occupied by the tumor was filled with balls of *charpie* sprinkled with resin; the edges of the wound were approximated by adhesive bands. Cerated linen, charpie, roll bandage.

After the operation the patient remained more than twelve hours wandering under the influence of the vapors of ether and chloroform.*

Two days after, when the first dressing was removed, the wound presented a satisfactory aspect in its interior, but the borders were whitish and gaped largely. An unequivocal tendency to gangrene became manifest the following day, and increased in a very rapid manner.

Some days after, the patient died in an attack of delirium coincident with a gangrene of the soft parts, extending from the tibio-tarsal articulation to about the width of two fingers from the articulation of the knee, in the whole circumference of the leg. The periosteum was tainted, but the bones appeared perfectly healthy. The viscera were in their normal

* The patient at first inhaled ether which was without effect, sensibility disappearing only after the administration of chloroform, which was accompanied with violent convulsions. Still more violent convulsions followed the operation, and the patient remained many hours before completely recovering her reason. The convulsive movements which it seems *always* precede insensibility from chloroform, appear much more decidedly produced when ether and chloroform have been employed successively. Under such circumstances violent constriction of the chest, paroxysms of suffocation, prolonged delirium and vomitings, are observed. This is founded on three or four well authenticated cases.

state, and throughout the whole organism nothing pathological was found which could be legitimately attributed to the influence of the principal disease. The uterus presented so great an antiflexion that its body formed a right angle with the neck; it was strongly thrown to the left of the median line, and as a set off, the bladder was slightly folded to the right. Should these displacements be attributed to the convulsive efforts of the organism before death?

It should be added, in order to be strictly exact, that one of the ligatures of the tibial nerve (the inferior) still existed after death; the other was detached the evening before. The two ends of the nerve were inflamed, but without any considerable augmentation of volume. The tumor was examined with care. Slightly flattened from before backwards, the superior portion of its external surface offered the appearance of the vestige of a pedicle, and from this point, as from a centre, shot out numerous white bands or strips, of a millimetre in size, which crossed the tumor longitudinally to terminate at the inferior summit of the ovoid. These strips and this protuberance, which gave to the cyst a pediculated appearance, are but the posterior tibial nerve divided into its multiplied filaments.

What is the nature of the encysted substance and that of its walls? The contained part is soft, encephaloid, porous, yellow, or, to speak more strictly, of a white ground, with yellow spots or patches; numerous cysts containing a sanguinolent fluid were found. The wall is a millimetre in thickness; its exterior is composed of many membranous leaves, of grayish white color, which slide upon each other with facility.

A question which it appears of some importance to decide upon is this: The pocket of the cyst, is it essentially constituted by the neurilemma, or does it owe its existence to the formation of an abnormal tissue? A minute dissection and an attentive examination, aided by a glass, showed that each nervous filament could be separated with the greatest facility by the point of the bistoury, until about the third of an

inch from the point where the posterior tibial nerve became a single fasciculus; but at this point, the adhesion between the nervous filaments or the neurilemmas and the parietes properly so called of the tumor were such that they could not be separated one from the other, except by the destruction of the tissues. Maceration in acidulated water did not produce any more satisfactory result. From this we may be led to believe, though it would scarcely be proper to affirm, that the sac was formed by a tissue distinct from the tissues which existed previously to the development of the tumor.

Erysipelas.—Notwithstanding the very numerous essays and treatises which have been written on erysipelas, there still appears something to be learned in relation both to its nature and treatment.

As regards local applications in the treatment of this affection, while Quain declares that *aqua fontis* is as good as any other and infinitely better than many, Velpeau claims the palm for the sulphate of iron; some one else will hear of nothing but the tincture of iodine, and Marchal is sincere in urging the virtues of a *pommade of nitrate of silver.*

So far as my own experience would go, I must say that I have witnessed patients laboring under erysipelas recover in the hands of Mr. Quain, at University College Hospital, London; others in the wards of M. Velpeau, at La Charité; others in Louisville under the use of tincture of iodine, and others again at the St. Louis and Val de Grace hospitals, in the wards of MM. Jobert and Marchal who are advocates of the nitrate of silver pommade. And in London, Paris, and Louisville I have seen patients die who had been soaked in *aqua fontis*, and besmeared with sulphate of iron and nitrate of silver ointment, and discolored with the tincture of iodine.

The following report of cases, preceded by some remarks of M. Marchal, appearing to me interesting in several points of view, I have concluded to furnish it to your readers.

Military Hospital of Val de Grace.—Cases of Erysipelas treated by the nitrate of silver.—Between the 1st of December and the 19th of February last, there were twenty-three cases of erysipelas treated in the wards of M. Marchal, (de Calvi), of whom I have more than once made mention.

1. In respect to the seat of the disease, the twenty-three cases are thus divided:

In thirteen cases the erysipelas was seated on the face, and in four of these the disease was very grave.

In one case the erysipelas was observed on the neck.

In three the affection was established on the chest; in one it was on the inferior part of the trunk and thighs; in one on the knee; in one on the legs; and four were general.

2. In nineteen of these cases the erysipelas appeared in the hospital patients confined to the wards for other affections; in four alone did the disease occur in out patients, and in two of these latter cases it occurred in infirmaries of the hospital. It follows from this that if the epidemic influence is not confined to the limits of the wards, it at least prevailed with incomparably greater intensity within the hospital.

3. Touching the idiopathic or symptomatic nature of the erysipelas, in nine cases it manifested itself idiopathically, that is independently of any anterior local lesion; and in fourteen cases, sympathetically, that is, as consecutive on a lesion of the following kind, to wit:

In one case to the scarification left by cups applied around the knee for a hydrarthrosis; in two cases as a consequence of a seton applied to the neck; in four cases it followed blisters; in one case it supervened upon eczema of the upper lip; in one upon ulcerous marginal ulitis, and finally, in five cases it was consecutive to ganglionic and other abscesses.

4. Concerning the participation of the lymphatic ganglia in the development of the erysipelas—fourteen times the disease commenced by painful engorgement of the lymphatic ganglia, in the following order: In eleven of the sixteen cases of erysipelas of the face and neck, by painful engorgement of the submaxillary and cervical ganglia; and in the

three cases of erysipelas of the chest, by painful engorgement of the ganglia of the internal or thoracic wall of the axillary region.

The remaining nine cases not having been examined, it cannot be determined whether ganglionic engorgement did or did not exist.

Relative to this previous engorgement of the ganglia, it is important to distinguish two varieties—the one where they influence by neighborhood, or proximity, as occurred in the axillary ganglia in consequence of a blister on the sternum: the other, where they are themselves the seat of the local primitive lesion. An example of the latter variety will be seen further on in the case of sapper B., who was affected with strumous cervical ganglionitis, with destruction of the skin in various points, and fistulous canals, from which the erysipelas spread to the face and scalp. Another example is that of the first case which we shall report, where the erysipelas commenced by a suppurating inguinal adinitis, treated by puncture and iodine injection. We have seen that an ulcerating marginal ulitis may be regarded as the starting point of an erysipelas. In this case the erysipelas was produced by painful engorgement of the submaxillary ganglia. The ulitis was general, and both the erysipelas and ganglionic engorgement manifested themselves on each side.

When the two cases of *eczema labialis* occurred, M. Marchal mentioned a case that had been observed in the wards of M. Velpeau, in which an eczema of the dorsal surface of the two feet, in a robust man, gave rise to a chronic engorgement of the lower inguinal ganglia, which formed on each a tumor of the volume of a small orange.

It results from the above observations, that according to circumstances, which are not yet determined, a local lesion may produce either an angioleucitis or inflammation of the lymphatic vessels, which will present itself with the characters of erysipelas or a ganglionitis; and it is worthy of remark that, in the first case, when it is an angioleucitis which is developed, the inflammation commences in the ganglia, at

least as a general rule. From this it seems natural to conclude, that there is a common variety, even the most common of erysipelas, in which the inflammation affects the lymphatic plexuses.

The two cases which may arise in consequence of a circumscribed local lesion, a scratch for example, are the following:

First—Red streaks, stripes, or lines, will extend from this lesion to the neighboring lymphatic ganglia, which become engorged; the inflammation will gain first the vessels, then the lymphatic ganglia.

Second—The red streaks are not perceived, and the first observable evidence consists in the painful engorgement of the ganglia, after which the erysipelas is developed.

But between these two cases there is one which partakes somewhat of the nature of both, and in which there are red streaks, then a ganglionic engorgement, as in the first case, then a cutaneous phlogosis of greater or less extent, sometimes occupying a member, as in the second case.

And now, we ask, when we reflect on this triple evolution, is it not evident that in these three cases the inflammation does not quit the lymphatics, unless to be communicated to the subcutaneous cellular tissue, when the angioleucitis passes to the degree of diffuse phlegmon.

If it is true that erysipelas commences most frequently by phlogosis of the ganglia, it must also be true that erysipelas is an angioleucitis. Ulterior observation will decide whether the previous engorgement of the ganglia is not one of the differential signs of lymphatic and venous erysipelas. The special and œdematous clamminess which appears to accompany venous erysipelas, and which is perfectly explained by the obliteration of the veins,—a symptom which is wanting in lymphatic erysipelas,—constitutes another differential sign between these two forms.

We will conclude what we have to say on this subject by stating what we have repeatedly observed, viz: that when erysipelas is developed the ganglionary phlogosis which has

preceded it, generally diminishes and soon disappears. In the same way, when an adinitis is developed in consequence of a local lesion more or less remote, the red stripes which have produced it become, ordinarily, rapidly effaced.

The above are the considerations of M. Marchal as literally presented as may be. Believing it unnecessary to augment their length, we pass to the causes themselves and their treatment.

5. The treatment has consisted, in all the cases, in the application of the *pommade* of nitrate of silver in the proportion of two to four of the salt to twenty of cerate.

6. Twenty of the twenty-three patients have been cured, and three are still under treatment. One of them exhausted by constitutional syphilis and a chronic affection of the respiratory organs, gave us great uneasiness at the invasion of the erysipelas, which was developed in the seat of a blister on the chest. Truly unmangeable, after traversing the whole anterior portion of the chest, it reached the back, neck, and finally the posterior segment of the head. The patient is slightly stupefied, as in the commencing stage of typhoid fever. The pulse is extremely quick and wiry; the tongue, very red at the tip, is covered in its remaining portion by a thick, tenacious, yellow fur.*

Case I.—L., a fireman, entered the hospital on the 30th of December, 1847, for an indurated chancre of the ramus of the glans penis, and a double suppurating inguinal adinitis. M. Marchal remarked that suppuration of the bubo in a case of indurated chancre is an exception to the rule. Blisters on the tumor; iodine emulsions to generalize and excite the purulent discharge, and after some days, the abscess being well formed, puncture and use iodine injections.

January 10th. Pains are felt on the crest of the pubis; the parts were shaved and a painful tumefaction was discov-

* This man committed suicide.

ered accompanied by redness, which yielded to pressure. Fever, cephalalgia, anorexia. Seidlitz water.

12th. General symptoms more intense; the redness extended upwards to the umbilicus, to the antero-superior iliac spines of each side; slight tumefaction of the erysipelatous part; acute pains. Seidlitz water.

In the night, the erysipelas spread over the whole of the abdomen, to the base of the chest in front, and to the superior part of the thighs. The parts were covered with the nitrate of silver ointment in the proportions of four to ten.

The next day, phlyctænæ at various points; very perceptible diminution of both the pain and febrile reaction.

Two days after, the erysipelas was subdued, and desquamation commenced. Nevertheless, the fever, which had disappeared, came on again. The lumbar region was examined and found erysipelatous throughout its whole extent. Apply the pommade. The same result as in the erysipelas of the anterior parts, where the desquamation is almost accomplished. But soon, and it is well worthy of remark, the erysipelas was reproduced on various points of the abdomen. The next day all pain had disappeared. The patient occupying a bed in the corner of the ward, M. Marchal had him conveyed to a vacant ward.

20th. The erysipelas may be considered as terminated.

30th. The bubos and chancres are cured.

In this case, three attacks of erysipelas have yielded to the use of the pommade of nitrate of silver in the space of ten days.

Case II.—R., a soldier of the line, entered the hospital on the 25th of January, complaining of pains which had existed for three days in the left submaxillary ganglia, which are engorged. Cataplasms.

26th. The whole of the left side of the face, and the integuments of the cranium are considerably tumefied; the eye is closed by the swelling of the eyelids; lively redness; intense pain; pricking heat; fever; cephalalgia. Seidlitz wa-

ter; nitrate of silver ointment of the strength of three to twenty. The scalp was shaved.

27. Amendment in his general condition; the erysipelatous part tumefied as in the evening before, is black.

28th. The right side of the face presents slight redness and sensibility; ringing in the right ear. Pommade to the right side of the face.

29th. The left side is cured; the right side, including the eyelids, is swollen and painful. Pommade.

30th. The swelling and pain only remain in the eyelids of the right side; the left side is in full desquamation.

31st. The cauterized parts have assumed their normal aspect, save here and there some dark stripes of the ancient epidermis. The new epidermis is white.

Case III.—B., a soldier, entered the hospital on the 14th of January, for an eczema of the superior lip. Bitter tisan of oil of savin on the eczema; regimen.

21st. The right jaw presented a glossy redness, with slight swelling; uneasiness; painful twitchings during mastication.

22d. The erysipelas has extended to the inferior eyelid and right side of the nose; the redness more vivid, disappears under the finger; the pain increased by pressure; no engorgement of the submaxillary or cervical ganglia; no febrile reaction. Seidlitz water.

23d. The temple is invaded; the parts are more tense and more red; the patient has rested badly; cephalalgia; fever. Pommade, of three to twenty.

24th. Less pain; the engorgement has remained stationary; the cephalalgia has ceased; the pulse has regained its regularity.

25th. The tumefaction of the nose, temple, and superior eyelid has disappeared; the jaw alone offers a little swelling; the cauterized parts of an ivory black.

26th. Desquamation has commenced. Recovered.

The patient left the hospital on the 30th. The face retains no vestiges of the cauterization; the same was the case in the two preceding instances.

Case IV.—M., a soldier, entered the hospital on the 25th of December, for a very intense inflammation of the cornea and conjunctiva, which appeared to be dependent upon a general strumous condition. Iodine emulsion was employed; blisters applied to the temples; different collyria were used; purgatives administered; finally a seton was passed into the neck.

On the 1st of January, the patient complained of stiffness in the neck, and pains in the angle of the jaw. On examining the parts, an engorgement of the submaxillary and superficial cervical ganglia of this side, very painful under pressure, was detected. The seton was discontinued. Seidlitz water. During the day, erysipelatous patches were observed in the left molar region.

Case V.—Joseph B., ætat. 41 years, entered the hospital on the 17th of January, for an ulcerated cervical ganglionitis. He presents in the space comprised between the clavicle and inferior jaw, numerous ulcers and fistulæ, resulting from the ganglia, and from which flows an abundant serous pus. The wounds were dressed with aromatic wine, and on the 24th some commencing cicatrices were already observed, and around the ulcers an erysipelatous blush was discovered, extending downwards for a short distance below the clavicle, and superiorly, to the ear, which is also invaded. These parts and the neck are red, hot, somewhat tumefied and painful, especially on pressure.

Here I will remark, that there is not a better means than pressure to determine the limits of erysipelas affecting the scalp, which ordinarily offers very little or no redness. The touch, in fact, produces a very sharp pain, reveals the engorgement, and detects a very intense heat.

The general phenomena in our patient were slight. The febrile reaction feeble; no cephalalgia. The patient was put on diet. Gum water; pommade of nitrate of silver, 2 to 10.

25th. The erysipelas has extended to the whole left side of the face, upon the frontal and temporal regions, and the whole superior portion of the left side of the neck. There was further remarked, on the neck, a tumor resulting from an accumulation of the serum in consequence of the constant pressure of the head upon the pillow. The tumefaction stops at the root of the nose; the eyelids are untouched. The pulse is full, developed, and frequent. The local symptoms persist. Pommade.

26th. The erysipelas has spread over the eyelids of the left side, the entire nose, and the superior part of the cranium. Pulse frequent; skin hot and dry. The intellectual faculties remain clear. All the erysipelatous parts are annointed with the pommade, which was spread even upon the healthy teguments to arrest the progress of the hitherto invading inflammation. Diet.

27th. Notwithstanding the precaution taken the evening before, the eyelids and cheek of the right side are engorged and red. The left side, however, which was primarily attacked, has obviously improved. It is no longer painful on pressure. The patient says he has an appetite. He was allowed some prunes.

28th. The erysipelas appears limited. The skin of the eyelids is shining, tense, hot, and the patient is unable to open his eyes. He complains of a great desire to sleep, which he is unable to satisfy. The pulse is slow, 60 pulsations to the minute: appetite. Poor soup; pommade on the eyelids.

29th. The erysipelas is at its period of decline. The skin on the eyelids and jaws is wrinkled and shrivelled.—Same prescription.

31st. The parts attacked by the erysipelas have returned to their normal condition. The epidermis, blackened by the nitrate of silver, is being detached by patches. The cauterization has caused some scabs on the nose; no cicatrices

We see from these cases, that the pommade of the nitrate of silver does not arrest the erysipelas; but, that under its influence, it is extinguished as it progresses, and this is a very great object gained.

The discoloration is not a serious inconvenience, since it disappears with desquamation. It offers various degrees of intensity, according as the pommade has produced phlyctænæ or not. If there are phlyctænæ the coloration is grayish black. Frequently we have remarked that the tint of the cauterized part, after the fall of the epidermis, was whiter than before the erysipelas; twice, however, it remained discolored, at least during the stay of the patients in the hospital.

An inconvenience in the indiscriminate use of the pommade of nitrate of silver consists in the staining and speedy destruction of the sheets. This is obviated in part by making use of those that are old while employing the article.

To sum up: the pommade of nitrate of silver appears to have specially for effect, not to arrest the erysipelas, but to break its force, so to speak, by extinguishing it wherever it appears, and thus ward off the violent reaction which results from large inflammations. Further, it seems certain that under the influence of cauterization by this means, the propagation of the phlogosis to the interior of the cranium, in erysipelas of the head, is most generally prevented, and that when it does take place the meningo-cerebral complication is much less grave. This was manifested in case V. by a very great desire to sleep.

M. Marchal thinks that the pommade of nitrate of silver, used in much smaller proportions, would produce good results in the erysipelas of infants, the vitality in whom yields so soon to extensive erysipelatous inflammations.

While the Opera houses, for weeks after the Revolution of February, rang nightly with laudatory hymns to the people, odes to Liberty, sometimes composed in honor of that goddess, and dirges for exiled Royalty; while Rachel chanted

the *Marseillaise* at the then *Théatre de la République*, formerly *Théatre Française*, and Bouffet bawled the *Chant du Départ* at the *Varietés;* the crowded halls of the *Ecole de Médecine* echoed with the clear, ringing voice of Bouillaud as, in the capacity of Dean newly created, he returned his thanks to the students, to whom he owed his novel position, and swelled the chorus to his "ever fondly worshipped mistress, Liberty," in tones worthy his glorious theme; Piorry laid his offering on the same altar, and urged the students that while they spent their mornings in the hospitals, they should devote their evenings to their clubs; La Charité witnessed the brine creeping down the cheek of the newly fledged republican, Velpeau, as he looked over his wards and saw his "dear suffering fellow-citizens who had bled in Freedom's cause," and then heard, for the *first time*, the great head of European surgery indulge in *praise* of Republics, and grow eloquent as he drew the picture of *La belle France*, becoming still more beautiful and lovely under the genial rays of the sun of Liberty. And *Hôtel Dieu* better deserved its name as the noble old patriot, Rostan, sang hosannas to Freedom, and gave utterance to sentiments of true and loyal Republicanism, clothed in the garb of eloquence, and delivered with the same fire which animated his bosom in 1830, when he was among the foremost of those who, musket in hand, entered the palace.

The period of which I write was one of the most interesting that ever occurred. The political enthusiasm had affected all classes of society, and every member of those classes. The rich and the poor, the distinguished and the obscure, the devotee of science, and the artisan, all alike were affected, all were now political actors, political speakers, political writers, or political thinkers. Crœsus had quit his banking-house to shoulder arms or attend political meetings; the poor man, as eager to learn republican dogmas and hear republican addresses as the more fortunate, set aside his calling and, dressed in his new uniform, furnished his quota to processions of "freemen" and the *réunions* of his brothers; Science oc-

cupied a prominent seat in the Provisional Government; the artisan stood beside her.

All were members of *Clubs.* The professors had their clubs; the students theirs; the patients theirs, and all clubbed together to add fuel to the flame of political excitement, and gall to the bitterness of parties.

The hospitals were still open, and lectures continued to be delivered, but the former were usually but the theatres of political discussions, the latter the vehicle for communicating political doctrines. The dissecting rooms abounded in subjects, but the scalpel was laid aside for the sword, the apron for a military uniform, and the dead Frenchmen were unceremoniously pitched from the dissecting-table to make room for the foaming, living, burning demagogue.

I believe that I have read reports of the speeches of the representatives of all trades and professions, save our own. I do not remember to have seen in print any Republican discourses emanating from physicians. Thinking that your readers would possibly relax for a moment from stern science, and watch with interest the figure which one of their fellow-doctors made among the nation of new-born democrats, I have determined to furnish them with a brief report of a speech delivered by Prof. Rostan, at the opening of his clinical course at Hotel Dieu, on the 11th of April. It is as follows:

GENTLEMEN:—To-day we enter upon a new era The most admirable of tempests has swept away the impurities with which we were soiled, and our regenerated country glows with radiant glory under the sun of liberty. (Prolonged bravos.)

I cannot resist the desire to communicate to you the emotions which I feel amid the imposing circumstances which surround us. The subject, too, is less foreign to our usual themes than might at first be supposed; it even forcibly leads us there; for, if the Republic promises us great good, it also imposes upon us high duties, and I should neglect my own if I failed to point out some of them to you.

The first good that the Republic gives, is *Liberty*—Liberty in all things, for all, everywhere—as necessary to the man who thinks and feels, as air and food, and without which life is an insupportable burthen.

Liberty has spoken in her giant voice. At its powerful and majestic tones thrones are shaken, Kings have tottered, and those who have not fallen still tremble and fear. And slavery, will it not soon be but a *souvenir?* (Applause.) Thus will be accomplished the destinies which Christianity has promised to nations for more than eighteen centuries.

We have finally conquered the liberties for which we have so long fought.

We have conquered the liberty of publishing our thoughts. The liberty of instruction. The liberty of association. The liberty of following our own religious banner; these precious liberties, often conquered and as often wrested from us, were obstinately denied and disputed us; may we henceforth preserve them! (Applause.)

But these liberties, are we to enjoy them without limits? Does liberty consist in exercising indiscriminately all our wills, all our caprices, regardless of how it may affect our fellows. No, certainly not; liberty thus conceived is not liberty; it is license, it is anarchy, it is the most cruel of all tyrannies; despotism is a hundred times preferable.

Liberty is but obedience to the laws.

Without the laws there can be no order, no repose, no happiness for nations. Brutal force is alone sovereign. Every excess, every crime is then possible; murder, pillage, incendiarism; nothing is respected, neither property nor the lives of citizens; and what bulwark can we oppose to these furies when the laws have lost their power?

Respect for the laws can alone then preserve liberty; the laws alone can reproduce security, confidence, public prosperity.

Honor to liberty, but to liberty based upon the laws!

Woe to those evil spirits who recognize liberty only in

license; it is the evil genius who inspires them, and they are the most cruel enemies of the country!

For the second good, the Republic gives us *equality.*—Thus, man regains the dignity of man; no more of these wounding distinctions, based upon unjust privileges; no more superiors, no more inferiors, no more classes of citizens so unfortunate as to be born under the dominion of other classes.

The Republic, more equitable than nature, the most just of mothers, effaces the distinction which she still allowed to subsist. The Republic recognizes the same rights for every citizen; the strong, in her eyes, has no more rights than the feeble. She protects the one against the encroachments of the other. All are equal before her. All may aspire to obtain the same employment, the same honors. Is this saying that he in whom study and labor have developed intelligence, industry or address; that he who may have defended his country by his courage; he who has devoted himself to the good of his fellow creatures; he who has rendered his country illustrious by the works of his genius; he who has honored it by his lofty virtues, will have no claims to distinction?

To say that personal merit will no longer establish a distinction among men, is to proffer a blasphemy subversive of every species of order and civilization. If all individuals are to be absolutely equal, if all are to have equal parts in recompenses, where will be the advantage of merit? Where will be the value of talent? From the moment when man shall have no hope of obtaining some advantage, some consideration, from that moment will he be indifferent of being a stupid ignoramus or an able *savant.* Who would wish to undergo the labor of acquiring this science to which it is necessary to sacrifice his vigils, his fortune, his youth, and his health? What is the good of study? What is the good of toil? Close the libraries, burn the books, destroy all these monuments henceforth useless to human genius. Sloth will have the same reward as activity, cowardice as courage.

selfishness as liberality, imbecility as genius, vice as virtue. (Applause.)

No more emulation, and therefore no more glory. Who would wish henceforth to become painter, sculptor, architect, poet, orator, since talent will no longer bring esteem, and will not be more honored than mediocrity?

But do you not see that you tend to plunge your country in the darkness of barbarism?

But France, whose children, eminently intellectual, have always marched at the head of civilized nations, France, who has always held the first rank in the arts and sciences, cannot wish to abdicate this glorious supremacy. She cannot consent to fall to the hindmost place in the social scale. No, gentlemen, this is not possible. There will always be in our beautiful country laurels for those who shall acquire in the productions of the mind a veritable superiority.

Let us say more; there is not, there cannot be incontestable superiority, save that of intelligence, enlarged by vigils, by labor, by study.

Labor then, gentlemen, if you would obtain distinction; acquire talent by your noble efforts, and let the country alone; she will know how to recognize and recompense your merit.

Henceforth there cannot be other nobility than intellectual and moral.

Perish the nation that shall misconstrue this sublime inequality, for she would be the most unjust and the most ungrateful of nations!

The Republic proclaims *fraternity*, touching law which unites in one band the entire human species; which considers it as one single being; the fraternity which prompts us to succor our fellow in misfortune; which makes us share his pain, his misery; which makes us rejoice in his happiness, in his success; fruitful source of exhaustless pity, of compassion, and of charity. Fraternity which dispels hatreds and jealousies, and fills the soul with the softest, tenderest sentiments! O! if fraternity is not a vain word what more is wanting to

people to be happy? What a divine soul had he who first called other men his brothers?

How is it possible not to love a government which inscribes upon its banners these three magnificent and holy words—

LIBERTY, EQUALITY, FRATERNITY?

Such a government, must it not be the most desirable of governments? And what other than that of the people by the people could give parallel results? The government of the nation by the nation, is it not, in effect, the most just of governments?

The nation is the collection of all the individuals scattered over the soil of a country; it is evident that they alone possess this country, that they are the masters with various titles. The nation, the people, that is every body, you, me, us, all, yes, *we* are the people!

The people is that which is.

It may say, *ego sum, qui sum.*

And hence, the people, is it not the only sovereign? Is it not the master to govern itself or to have itself governed as pleases it? From it emanates all power. Hence, is it not evident that those whom it charges with governing it are in one sense but its intendants? In monarchies even, *Kings are made for the people, and not the people for Kings.* (Applause.)

Let us never forget that the governing, the executive powers are but the instruments of the public will. The people can and should transact its affairs themselves. It is their inalienable right. Every other mode of government is evidently a usurpation.

And if the people have the right of self-government, of transacting their own business, if he whom they have appointed to fill this high mission does not do so, according to their desires, is it not evident also that the people, in their omnipotence, have the right to change him.

But if the people have the right of self-government, it is necessary that they obey. The gages of stability are in

obedience to the laws; without this passive, entire, complete, absolute obedience, there is no government possible. Let us all swear then obedience to the laws. And, moreover, what does it cost the people to obey since the laws will be their work? (Certainly—bravo! bravo!)

But, is it said that the representative government does not unite all the conditions calculated to insure the happiness of the people? In reply, we shall only cite the sad and unfortunate experiment that we have made. Was this government anything but an absolutism under another name?

The Charter had said—there are three equal powers:

The Chamber of Deputies.

The Chamber of Peers.

The King.

These powers should balance and equalize themselves, and work in an equal manner for the public weal.

What has been the case? The King, who should have had only one-third of the power, secured a second third in corrupting the Chamber of Peers; and not content with this, he weighed still upon the third power of the state by all the means which he possesed. The echos of the courts of justice ring still with the scandalous prosecutions, of a corruption of which we have been witnesses. Nearly half of the second chamber was composed of salaried functionaries, or of men who hoped to become so. Thus the executive power had absorbed the power of the two others. Would it not have been more loyal, more frank, if it had declared itself an absolute power? Was it else than a bitter derision —the pretending that the Chamber represented the popular interests?

The representative government thus denaturalized, was but an odious lie; it deserved to perish as it has perished. (Bravos.)

The Republic will make the laws respected, holy laws, before which all power must bend its head, laws, the safeguard of order and of public happiness.

The Republic will make *justice* respected, the image of

God upon the earth, without which nothing here below is durable.

The Republic will make *rights legitimately acquired* respected, for it would be odious to take away the fruits of their labor from those who have spent their lives in the service of the country.

The Republic will make *property* respected, for it is the recompense of labor, of the trials of a lifetime, and nothing would be more iniquitous, more cruel, than to wrest from those who have amassed it, the price of their sweat.

The Republic will make *religious faith* respected, for nothing is more sacred than conscience, and none have the right to violate the sanctuary. (Prolonged bravos.)

The Republic will grant *liberty of instruction;* for what it gives to one, it cannot, without injustice, refuse to another.

The Republic will grant *liberty of the press;* for the press, like the lance of Achilles, cures the wounds that it makes.

The Republic will grant *liberty of association;* for this liberty leads to legitimate progress in enlightening the people on their interests and their rights.

Such are the benefits that the Republic will shower upon her children.

With it should disappear all social sores engendered by vice, ignorance, and selfishness; with it should be born every prosperity which springs from their opposing virtues.

But do not believe because of this, you are to be exempt from all toil, from all labor, from all duty. This happiness must be purchased; you must redouble your efforts; you must bring your stone to the indestructable monument of liberty; you must pay your tribute, not only as citizens, in sharing the labor of the whole, but as physicians, in redoubling your assiduity and zeal in study.

Remember, gentlemen, that if, in the past, you thought to have only men to treat, you know to-day that these men are your brothers. You cannot acquire then too much knowledge, too much ability to fulfil your noble mission. The

Republic has the right of demanding from you all the talent that you are capable of acquiring.

And now, gentlemen, we all owe absolute obedience to the Republic; we must all lend to it our efforts to forward, sustain, and perpetuate it.

Upon its stability depends the glory, the splendor of our country. No sacrifice should be deemed too costly if made for her. We all owe her all that we hold most dear, even to the giving up of our lives, if her interests demand it.

Salus populi, suprema lex.

When the eloquent speaker sat down, the applause was long continued.

Fissure of the Anus; Subcutaneous Tenotomy—We are aware of few local affections in which a longer catalogue of remedies has been proposed, than the one which forms the caption of this article. The very often intolerable pain which attends it, accompanied not unfrequently by spasm of the anus, demands active means to soothe the one and overcome the other. The employment of the bistoury is not rarely required, though there are many cases for the relief of which all that is necessary, is the application of emollient and anodyne fomentations, or at most, cauterization with the nitrate of silver.

Dupuytren, it is reported, employed with considerable success a mixture of the following ingredients:

Extract of belladonna, ℥ij.
Honey water, ℥ij.
Adipis, ℥ij.

carried into the anus by means of a wick or tent. By gradually augmenting the volume of the tent, the resistance of the sphincter is overcome. It appears desirable to make the tent as large as possible, for, although it causes very considerable pain at first, this soon ceases.

Cold water applied to the part, and decoctions of various substances have been much vaunted, but the three remedies which have been most insisted on within late years, are cau-

terization with *lapis-infernalis* and nitrate of silver, dilatation, and section of the sphincter.

Boyer, the first to propose incision of the sphincter, regarded this operation as invariably successful, though Roux, Béclard, and Richerand have all cited cases in which it has failed in their hands.

Dilatation has also had, and has still, its advocates, among others Dubois, who declares that it *constantly* succeeds, and Béclard, Marjolin, Copeland, &c.

Without consuming further time in this way, I will say that the subcutaneous section of the muscle, as proposed by M. Blandin, appears to me to possess incontestable advantages over all other methods that I have ever seen used, and I have seen almost all used that the art possesses.

M. Blandin divides the operation into four stages:

1st. Puncture of the skin.

2d. Introduction of the finger into the rectum, and tension of the skin on both sides of the anus.

3d. Pushing the tenotome between the mucous membrane and the muscle.

4th. Division of the muscle.

The puncture of the skin is so simple that it is unnecessary to speak of it, save in relation to its seat, which is a matter of some importance. Practiced too near the anus, it renders the section of all the muscular fibres somewhat difficult, and exposes, while dividing them, to enlargement of the cutaneous opening; then, if the patient is obliged to go to stool before the cicatrization is perfect, the contact of the fecal matter with the wound will irritate it and determine an inflammatory action, which may even pass, in some circumstances, rare it is true, to the phlegmonous state.

If the puncture is practiced at too great a distance from the anus, some difficulty will be experienced in cutting the most internal fibres of the sphincter, which, I need not remark, it is always essential to divide completely. The proper distance at which to make the puncture of the skin is from five to seven lines from the anal opening.

If it be complained that I have given too much space to this portion of the subject, my reply is, that in subcutaneous sections of muscles the persistence of the integrity of a few very fine fibres may almost completely mar the results of the operation. Some years ago, when strabotomy was, if we may use the expression, the fashionable operation, it often happened that the complete section of the muscle, with the exception of one or two fleshy fibrils, produced no change in the direction of the ocular globe, and it became necessary, by aid of a blunt crotchet to find those fibres which had escaped, in order to effect a cure.

That which obtained in the muscular fibres of the eye occurs equally in the section of the sphincter of the anus. It has happened to Blandin himself, and notwithstanding the care that this able operator invariably takes, he has been more than once obliged to resort to a second section, in order to relieve a contraction which a first attempt had failed to overcome.

In connexion with this subject, the following case which occurred in Blandin's wards may prove interesting:

A young girl entered the service of M. Blandin a short time since, having an anal fissure accompanied by all the characteristic phenomena, spasmodic constriction, lively pain, etc. The operation was performed by the subcutaneous method; the recovery was rapid, equally as regards the fissure and the muscular constriction. Notwithstanding there still remained something—a little pain, a little constriction. The finger introduced into the anus passed, however, with sufficient facility, and M. Blandin thought that with time and the aid of opiates the girl would be cured. But, convinced that some of the fibres of the sphincter had escaped, he determined to perform the operation anew, as being a more simple and rapid means, and more certain of effecting a complete and definite cure.

What remains to be said of the operation is but brief.

The introduction of the finger into the rectum is of real importance, since its internal face serves as a guide to the

instrument inserted beneath the mucous membrane. This introduction may sometimes prevent the destruction of the mucous membrane, which would certainly be far more easy without this introduction. The remaining steps of the operation do not differ from those of ordinary tenotomy. At the moment when the instrument divides the muscle the well known *bruit de craquement*, characteristic of the section of a tense muscle, is heard. When the operation is terminated, by the muscular section being complete, contraction ceases, and the finger introduced into the rectum manifestly feels a depression, if it may be so expressed, of greater or less length and extent, formed by the interval which separates the two extremities of the divided sphincter. The dressing consists simply in the application of compresses, wrung out of cold water, to the little wound, which cicatrizes in forty-eight or seventy-two hours. Five or six days suffice to reunite the two extremities of the muscle.

I close my long miscellaneous communication with a short article on *Gun-Shot Wounds.*

The chief surgeon of Val de Grace, M. Baudens, during a short series of lectures which he delivered just after the Revolution of February, on gun-shot wounds, gave in a very few words the basis of his treatment of these accidents, which, from all accounts, was eminently successful in Algeria.

It is embodied in six precepts, which run thus:

1st. Of a compound wound make on the spot a simple one, by extracting the fragments of bone.

2d. Combat by cold water, and if need be by ice, the excess of the local traumatic reaction.

3d. Keep the inflammation local, and thus prevent it from gaining the important viscera.

4th. If the thoracic member has a comminuted fracture, extract the fragments, make suitable resections, and reserve amputation as a last resource.

5th. If the femur is fractured with fragments, amputate immediately; if the tibia or the fibula alone is fractured, en-

deavor to preserve the extremity, after having removed the fragments, and reserve amputation; if the fracture involve both bones, as a general rule, amputate immediately.

6th. Isolate, at whatever cost, the patients whose wounds suppurate, in order to prevent the much to be dreaded miasmatic infection. In the absence of chambers, put the wounded under tents; in the absence of tents, place them in the open air, under hastily-erected sheds.

Paris, April, 1848.

ART. II.—*Observations on the Causes and Treatment of Jaundice.* By JAMES C. HARRIS, M.D., of Wetumpka, Alabama.

If it be true that malaria, in greater or less concentration, modified perhaps by constitutional predisposition, is adequate not only to the production of all the various grades of autumnal fever, but also of jaundice, why is it, that in the same locality, and that too when the monthly mean heat, and other circumstances known to be favorable to the generation and evolution of this mysterious agent, are but slightly variant, we frequently find, one year, a much greater disposition in those attacked and laboring under fever, to yellowness of skin than another? A greater liability in this way in this immediate vicinity than usual, during the past fall, together with the occurrence of rather an unusual number of cases of jaundice caused us, after some investigation of the subject, to come to the conclusion, that this particular discoloration of the skin was probably owing to the combined operation of malaria and local atmospheric variations.

In support of this position, we offer the following table, as going far in illustration, although only showing the diurnal temperature and range:

Abstract of a Meterological Register, kept at Wetumpka, for the years 1847 *and* 1848.

	Thermometer.				Weather.								
Monthly.	Mean.	Max.	Min.	Range.	Clear.	Cl'dy.	Rain.	Frost.	Ice.	Snow.	Greatest daily range.	Day of month.	Prevailing.
January, 1847.	50·58	55·02	43·46	11·37	15	8	8	8	5	..	27·	18th	cloudy.
February	56·18	60·32	49·37	10·45	16	3	9	9	3	..	22·	1st	clear.
March.....	60·78	66·42	53·31	12·50	18	4	9	9	..	..	26·	28th	clear, variable throughout.
April.....	72·49	77·44	65·12	12·38	22	1	7	2	..	..	22·	1st	clear,
May	73·28	79·27	67·36	11·23	21	1	9	..	..	..	20·	10th	clear.
June	80·81	87·34	75·	12·50	13	6	11	..	..	..	18·	7th	cloudy.
July.....	79·30	84·04	75·19	8·32	9	4	18	..	..	..	16·	18th	rain.
August.....	80·81	86·48	75·11	10·21	20	2	9	..	..	..	17·	9th	clear.
September....	75·52	80·02	70·36	10·18	19	3	8	..	..	..	22·	30th	clear.
October	69·46	75·40	63·20	15·09	28		3	3	..	..	27·	15th	clear.
November.....	61·02	66·52	52·34	15·32	21	3	6	8	4	2	26·	12th	clear.
December	50·36	55·34	42·35	12·15	17	6	8	16	14	1	26·	19th	clear.
Total,	67·50				219	41	105	55	26	3			
January, 1848.	54·44	60·25	46·30	14·	24	5	2	5	2	..	28·	24th	clear.
February	57·51	62·43	51·10	12·	16	3	10	7	2	..	25·	10th	clear.
March	62·33	68·33	53·38	15·30	23	3	5	8	..	..	29·	7th	clear.
April.....	66·50	73·10	59·24	13·48	22	3	5	1	..	..	26·	2nd	clear.
					85	14	22	21	4				

From an examination of the foregoing table it will be discovered that the months of January, February, and March, 1847, were not very remarkable for anything more than their great moisture, low temperature and range. April and May were throughout showery and cool. June, up the 20th, was dry; the remainder, together with the whole of July, was exceedingly wet. From the 1st to the 28th of August the weather, with the exception of two or three light showers, was warm and dry. Between the 10th and 20th of this month fever made its appearance, and although we had comparatively a healthy season, fever continued to prevail; but, as a general rule, of a mild grade throughout the remainder of the fall. The months of July, August, and September, with a comparatively high mean temperature and low range, proved, as will hereafter appear, the months in which the first cases of fever, accompanied by this jaundiced color of the surface, made their appearance. A continuance of this atmospheric condition throughout the succeeding months of October, November, and December, 1847, and January, 1848, was greatly favored by their exceeding dryness.

For the purpose of being more clearly comprehended, and in illustration of the foregoing positions, we will now detail a few cases.

Case I.—Called early in the morning of the 24th August last, to see, in consultation with Dr. Williams, Mr. W., a young man residing some twelve miles in the country, near the Tallapoosa river, in the low grounds of which, as a field hand, he had been laboring up to the time of his attack some eight or ten days before.

Symptoms.—Rather stupid, and inclined to incoherent mutterings when lying undisturbed; vomits occasionally, without much nausea, a very dark bile; headache; bowels loose, passages consisting of a dark grumous matter, resembling a mixture of blood and bile. Skin over the whole surface of the body of an exceedingly yellow hue; tongue coated with a dark brown fur, down the centre, and over the base, with

red edges; pulse during the twenty-four hours ranging from 30 to 100, never falling under, nor rising above these numbers, and when pressed upon tolerably hard at the wrist imperceptible; whites of the eyes yellow; surface dry and hot, head and breast preternaturally so. Most heat of skin and excitement of pulse between three and ten o'clock of the afternoon and night. Blisters over umbilicus discharging large quantities of yellow serum; urine scanty, of a deep yellow hue, tinging the sheets of the same color; pains in the loins and large joints, attended with fits of restlessness.

Dr. Williams, at his first visit, the day before, prescribed calomel xi. grains, opium 1½ grains—the calomel to be repeated every two hours until thirty-five or forty grains were taken; afterwards if necessary a stimulating enema. Calomel without the assistance of the enema brought off such passages as above described.

Viewing the case as hopeless we advised nothing more than an anodyne, and took our leave. He expired sometime during the night.

Remarks.—Mr. W., during the early part of his illness had been under the care of another physician; his symptoms however, were nothing more than those characterizing an attack of malignant bilious fever, the yellowness of skin coming on some four or five days after he had been taken sick. Of his previous treatment we did not learn anything.

Not long after this, in September, Mr. G., an overseer on a neighboring plantation, lower down the river, and nearer town, sickened and died, of what his physicians pronounced jaundice. As yet I have been unable to get a detailed history of the case.

From this time throughout the fall and winter, we heard of the occurrence, in town or its vicinity, of an occasional sporadic case. During the month of January last, several cases occurred in our own practice—one of which, as being a fair representative of the others, we proceed to detail.

Case II.—L. A. S., a merchant's clerk, aged about twenty years, attacked in the night of the 11th January, 1848, with vomiting, giddiness, and pain in the head; furred tongue; bowels purged from the effects of a dose of purgative pills, taken the night before; pains in the loins and joints; pulse but little excited; skin rather warm, with considerable uneasiness in the epigastrium, and restlessness.

Ordered a large mustard plaster to epigastrium, and half a grain of morphia, the morphia to be repeated in the course of an hour, unless quietude is procured, and vomiting arrested.

Jan. 12th—Morning. Sinapism and first dose of morphia relieved the gastric irritation, and procured rest. Still complains of nausea; has had no motion from the bowels; adnata of the eyes, and skin over the whole surface of the body yellow; says that he has seen this color for several days, and that the discharges from his bowels, for sometime past, have been white and waxy; urine, discharged with smarting, high colored and scanty. Ordered a pill composed of five grains of calomel and one-fourth grain morphia—one to be taken every three hours until four or five are swallowed.

6 o'clock, P.M. Has taken four of the pills; stomach and bowels quiet; feels much more comfortable. Suspend the pills.

13th—Morning. Has had no action on bowels. Ordered a dose of oil, which was swallowed, but immediately rejected; patient thinks he could retain a Seidlitz powder; allowed one to be taken, and left with directions to repeat the Seidlitz powder every hour until the bowels are moved.

2 o'clock, P.M. Took two Seidlitz powders; and has had several passages of rather a thin character, and but slightly mixed with bile; gave a dose of morphia, and directed water gruel or chicken water.

6 o'clock. Anodyne quieted the bowels and produced some dullness. Chicken water agreed well with the stomach.

14th. Passed a good night; tongue still furred, skin and eyes yellow; slight uneasiness in right hypochondrium; pulse

quick and rather tense; has had during the last two afternoons some fever. Gave ten grains of calomel, and directed it to be repeated at the end of two hours.

4 o'clock, P. M. Has had no action from the bowels. Dose of oil.

15th—Morning. Oil brought off, during the night, several large, consistent, bilious passages; patient feels much better; has some appetite; whites of eyes nearly natural; skin less yellow; tongue and urine improving. Gave some general directions and dismissed the case. He speedily recovered.

Case III.—*Hepatic obstruction terminating in death.*—Called, on the night of the 16th November, 1847, in consultation with Dr. N. S. Jones, to see Mr. J. P. F., of this city, a large, robust man, aged about 53 years, of bilious abdominal temperament, with brown skin, and black hair and eyes. Learned that he had felt unwell for several weeks, but had not taken his bed, or sent for medical aid until within the last few days. He complains of severe pain in the epigastrium, extending around under the ribs into the right side; countenance pinched, anxious, and expressive of much pain; pulse 90; skin muddy, dry, and hot; whites of the eyes tinged with yellow; tongue furred; nausea, with occasional efforts to vomit; bowels costive; urine high colored and scanty; respiration hurried, with general uneasiness, and restlessness.

Treatment by Dr. Jones—Venesection, mercurial pills, and mustard poultice to the epigastrium. Pills during the day had produced several thin but rather bilious passages; agreed to blister epigastrium, and continue the pills till morning, or until consistent bilious operations are procured.

17th. Morning. Blister drew well; patient feels much easier; 4 pills taken at midnight; no action on the bowels. Ordered the pills to be suspended, and a dose of oil given. Evening, has had several alvine evacuations of a dark, thin character. Blister sprinkled with morphia, and at bed time take a dose of the same.

18th. Morning. Passed a comfortable night. Pulse 80 and soft, skin cool, tongue moist and much cleaner, thirst not very urgent. Pill to be repeated. Evening, has had an exacerbation of fever. No action from the bowels since the evening of the 17th. Repeat the pills.

19th. 6 o'clock, A. M. Has had, during the night, several consistent bilious passages. Skin soft, tongue moist, pulse nearly natural; blister looks well; no pain in the stomach, and some desire to eat.

I now ceased to visit the patient in consultation, and heard nothing more of him except that he was still improving, until some eight or ten days afterwards, when I met him in the streets eating an orange. He appeared very feeble, and informed me that he had but an indifferent appetite; his tongue was still furred; his urine high colored, and whites of his eyes and skin very much the color of the orange he was eating. I advised him to go and send for his physician, and to take mercurial medicine until the deranged state of his chylopoietic viscera was corrected. My admonitions, however, were disregarded, and he continued to mope about until near christmas, when he relapsed.

Dr. A. N. Lightfoot was now called in to take charge of the case, and who, in reply to a note of mine making some inquiries of him in relation to the case, has kindly furnished me with the following history of the same.

May 8th, 1848.

In reply to your note of to-day's date, I have to state that I was called to see Mr. F. on the 26th day of December last, and on my arrival found him laboring under general debility, with considerable emaciation; skin over the whole surface of the body, extending even to the whites of the eyes, and mucous membrane of the mouth and fauces, of a *dark olive color;* tongue coated, but not very dry; pulse 80; bowels costive, and the alvine evacuations when present entirely void of bile, with one or more painful spasmodic paroxysms during the twenty-four hours, originating in the epigastric and hypochondriac regions, and thence diffusing more or less

to different parts of the system, confined, however, mostly to the epigistrium and liver.

Prescribed twenty grains of calomel in combination with a few grains of ipecac., to be repeated every fourth hour until three portions are taken, the whole to be carried off in due season, if necessary, with a dose of castor oil. Medicine produced several passages without any appearance of bile, and patient appears not in the least relieved.

On the morning of the 30th, I commenced the administration of calomel in sixty grain doses, and continued it for three consecutive days, during which time five hundred and sixty grains were given, and suffered to pass off without any assistant cathartic. No effect was produced by this course other than a slight swelling of the gums, attended with a very small flow of saliva. This condition of the gums was kept up for twenty-five days by the daily use of Johnson's hepatic pills, with the occasional administration, during the whole time, of twenty or thirty grains of calomel combined with two or three grains of ipecac., together with the warm bath, and frictions over the liver.

February 4th. The liver still failing to act, one of the hepatic pills was given morning, noon, and night, for thirty days longer, with the nitro-muriatic acid internally, and a bath of the same to the extremities and over the liver. The above course failing to produce any beneficial results, was suspended, and a pill given every night at bed time composed of calomel, aloes, and blue mass, ten grains of each, with tartar emetic ointment over the liver and stomach, until a very large crop of pustules was developed. The pustulations were poulticed for ten or twelve days for the purpose of keeping up the discharge, which by these means was very effectually done.

March 23d. No appearance of bile as yet in the feces, which throughout have been of a very light clay color, and inclined to float readily, and having always to be procured by some gentle laxative; and when thus procured they are always voided with considerable pain. Within the last eigh-

teen or twenty days, however, they have become very regular, and their expulsion, as a general rule, is not near so painful.

For sometime before you saw Mr. F. in consultation with myself, nothing more had been done, than to place and keep him on light diet, together with an occasional opiate, or if need were, some mild cathartic, with the exception of an attempt, on several occasions, under the impression of the paroxysmal tendency of some of his symptoms, to give him a pill composed of blue mass and quinine. This attempt, however, signally failed on account of the inordinate cephalic pain brought on by the use of the remedy in three grain doses, repeated every three hours during the latter part of the night and forenoon of the next day. He finally, although ignorant of the nature of the remedy, utterly refused to take it any longer.

From an examination of the above brief and rather imperfect sketch, you will discover that there had been no bile discharged by Mr. F. throughout the whole of his illness except by the kidneys; the urine being all the time of the color of dissolved aloes, and frequently very thick. So thoroughly had the bile diffused itself throughout the system, that even the saliva was at times visibly colored by it.

I failed to state that for the first month or six weeks of his illness, his appetite was morbid, craving very improper articles of diet, and these in enormous quantities. This fact at one time constituted a remarkable feature in the case.

April 14th. Called to-day to see Mr. F. in consultation with Dr. Lightfoot, and found him as above described, with the following exceptions: general debility and emaciation perhaps greater, with entire loss of appetite; skin dry and purpuraceous, with discoloration of the surface extending even to the ends of the finger and toe nails; tongue covered with a dark brown fur down the centre, but dry, clean, moist, and rather natural around the edges; has several paroxysms during the twenty-four hours of most intolerable nausea, with efforts to vomit, attended with excruciating

pains in the region of the liver, stomach, and upper bowels. The liver, easily felt on the right side, was hard and painful to the touch. The bowels were regular, the evacuations void of bile, and their expulsion attended at times with colic pains. Pulse 95; urine discharged regularly, but in small quantities, and of the character, in other respects, as before described; blood settled around the eyes; pain and heat in the occiput, running down into the left scapula; a most distressing hiccup, with, at times, a dull aching sensation throughout the whole system, attended with watchfulness and restlessness.

Feeling thoroughly convinced that the glandular and absorbent systems were principally at fault, and must be brought to act, and in view of the signal and unusual failure of the remedies above detailed, as administered by Dr. Lightfoot, we concluded, as the patient and his friends were still anxious that something further should be done, to administer iodine, in combination with the hydriodate of potash, in the following manner and proportions: saturated aqueous solution of iodine, one large tablespoonful three times daily, to be increased as fast as the system will bear it to three tablespoonsful, each dose of the iodine to contain two grains of the hydriodate, to be increased rapidly to five grains.

15th. Medicine has been taken regularly. Patient experiences, during the night, most violent pain in the region of the liver and stomach. Morphia, half a grain, to be repeated if necessary.

16th—Morning. First dose of morphia relieved the colic pains; tongue rather more moist; pulse 95; skin harsh and dull from the effect of the anodyne. Continue iodine and hydriodate.

17th—6 o'clock, A.M. Passed a more comfortable night than usual; less nausea and hiccup; no painful paroxysm during the night.

Evening. Passed through the day very well. If troubled with pain take a teaspoonful of the solution of morphia, and repeat *pro re nata.*

18th—Morning. Took, at midnight, one portion of the morphia, which relieved the pain and procured some rest; tongue much more moist and much cleaner; bowels moved once, but no improvement in the character of the dejections; pulse 90; skin cool; slight nausea; hiccup much better.

Evening. Passed a comfortable day. Morphia, if necessary.

19th—Morning. After midnight ceased to hiccup; became very calm, and remained so until this morning.

1 o'clock, P.M. Still continues to sleep; can be roused pretty readily, and appears altogether rational; pulse 100, and much fuller.

Evening. Still dosing; pulse the same; no disposition to eat; complains of an increase of pain and heat in the back of the neck and head.

20th—Morning. Still stupid, and when aroused no inclination whatever to converse; skin rather moist; in other respects no alteration. Iodine and hydriodate discontinued, and a dose of oil given.

Evening. Has had one very dark and most offensive evacuation from the bowels; in other respects about the same, with the exception of more restlessness, attended now, for the first time, with slight delirium.

21st—Morning. Spent a very restless night, and is no better this morning; discharged suddenly, sometime during the night, from the right ear, nearly an ounce of bloody matter, and matter still continues to distill from the ear sufficiently to stain the pillow-case.

Evening. Ear still discharging, pulse threadlike; a most distressing groan at every expiration. This most remarkable groan continued without intermission up to about one o'clock at night, when he expired.

Remarks.—On a review of the foregoing case, it is clear, from the state of the urine and other attendant symptoms, that bile was continually secreted by the acini, and that its excretion through the usual channels, the biliary ducts, and discharge into the bowels, was entirely prevented eithe.

by increased activity of the absorbents of the liver, or by actual mechanical obstruction of the ducts of the same. We know that there are other causes besides these, equally capable of producing similar results, and have to regret, exceedingly, that the family of Mr. F. would not suffer a post-mortem examination to be made.

May 30, 1848.

ART. III.—*Case of successful Extirpation of the Ovarium.* By H. MILLER, M.D., of Louisville, Ky.

Mrs. McLaughlin, aged 37 years, came to this city last winter, from the State of Indiana, for the purpose of consulting me in relation to a tumor in the abdomen, which was a source of no little annoyance to her on account of its size. On inquiry, I learned that she had first observed a tumor, of no great size, in the right iliac region, sometime during the previous fall, (1837,) which increased rapidly till it acquired its present magnitude. The menses had only appeared once or twice, and that in small quantity and of short continuance, since the tumor first attracted her attention. She had felt no acute pain in the tumor, at any time, and her general health did not appear to have suffered much, her appetite and digestion being pretty good. On examination I discovered a large tumor in the abdominal cavity, extending considerably above the umbilicus, and mostly occupying the right side, but stretching across the linea alba. Its shape was irregularly globular, and its consistency variable, being, at some points, much firmer than at others,—and in portions of it, fluctuation could be distinguished. Pressure upon it, even rude handling, gave no pain, and it appeared to be, in some degree, movable in the cavity.

Examined *per vaginam*, the tumor could be felt within the pelvis, and the uterus was found in its normal condition.

The history of the case, in connection with the examination I made, left no doubt on my mind, that the patient was laboring under enlargement of the right ovary, most probably caused by multilocular degeneration of the organ: but I had the advice of my friend and colleague, Professor Gross, who, after examination, concurred with me in opinion.

The patient was made acquainted with the nature of her disease, and informed that but little hope could be entertained of relief from medicine; that the only certain method of cure would be to remove the tumor with the knife, but that the operation might itself prove fatal. Notwithstanding the little encouragement given her, she was anxious for an operation, preferring the risk of death to her uncomfortable situation, and the prospect before her, should she be abandoned to her fate. I could not, under the circumstances, refuse to operate; but advised her, as the weather was cold, and her means of procuring comfortable accomodation scanty, (she is poor and a widow besides,) to return home and come back in the spring, when the weather would be more favorable. Some medicine was prescribed for her and a suitable regimen enjoined.

I hoped the poor woman might be benefited by the remedies directed, or that, at least, she would decide, on cool reflection, to bear the ills she had, for I had not much hope that she would survive an operation, and still less inclintion to perform it. I was, therefore, not a little startled, about the middle of March last, by the tall, lean figure of Mrs. McLaughlin stalking into my office, with undiminished abdominal protuberance.

She had made her second journey, as her first, to the city, under the friendly cover of a neighbor's wagon, and this time seemed resolved to be rid of her burden. Seeing no help for it, I determined to make a virtue of necessity, and promised to do for her all that she desired.

Mrs. McLaughlin, at her second appearance, was not so well as at the first; the tumor had not perhaps sensibly increased in size, but she had emaciated perceptibly, and there

was a frequency and quickness of pulse that betokened hectic irritation of her system. Her appetite had become poor; her bowels were irregular, and the tongue red and sore. It seemed to be proper to get her system into a better state before resorting to an operation, so likely to test its powers of endurance; and accordingly she got mild alterative and aperient medicines every day till the secretions became healthy, the tongue more natural, and the pulse less accelerated, when, on the 29th of March, 1848, a council was convened, consisting of Professor Gross, Drs. T. L. Caldwell, Bayless, and Colescott, to decide upon the propriety of an operation. It was judged to be advisable, at that time, merely to puncture the tumor, where fluctuation was most evident, with the view of diminishing its size, and allowing further time for the system to get into a better condition. I accordingly punctured it with a trochar, in the linea alba, about three inches below the umbilicus, and discharged *twelve pints*, by measure, of a whitish, ropy, albuminous-looking fluid. When the fluid ceased to flow, the abdomen was flaccid to the left of the linea alba, and a short distance to the right; but in the right iliac region, reaching up to the ribs of the same side, it still felt hard and unaltered in shape. No unpleasant symptoms followed the operation, and the puncture soon healed.

April 6th, 1848. With the concurrence and valuable assistance of Prof. Gross, and Drs. Bayless, Colescott, W. B. Caldwell, and T. G. Richardson, and in the presence of several students, I performed the operation of extirpating the diseased ovarium. The patient being placed upon a table, on her back, her feet resting upon a chair, and the chloroform having been administered, an incision was made through the integuments, over the linea alba, from the umbilicus to the pubes. The fasciæ and peritoneum were then divided, by several strokes of the scalpel, at the upper part of the incision, and a finger introduced to guide the probe-pointed bistoury, with which an incision was made through these tissues corresponding to that of the integuments. The tumor was now brought to view, and found adherent, though not very

firmly, to the omentum and parietes of the abdomen. To break up these adhesions, obstetrician-like, I passed my hand into the abdominal cavity and around the tumor, and had no difficulty in accomplishing the object. It was soon ascertained that the tumor was too large to be pushed through the opening that had been made, but rather than extend this, I punctured two of the cysts, and discharged a quantity of fluid, resembling that which had been drawn off by tapping, a week previously,—the quantity could not be estimated, as it was suffered to run upon the table, whence it flowed across the room. By getting my hand posterior to it, I now drew the tumor through the incision, and supported it while Professor Gross secured its pedicle, by a strong ligature, passed through the broad ligament, and tied round the Fallopian tube and ligament of the ovary, and then severed its connections by cutting across the broad ligament near the inferior part of the diseased ovary. Finding that the vessels of the outer extremity of the broad ligament bled considerably, these were secured by another ligature which included the whole of its margin.

The tumor being removed, the ovarian fluid which had been effused, in considerable quantity, into the abdominal cavity, and likewise the blood, were carefully sponged out, and the incision was closed, as usual, by the interrupted suture, adhesive strips, compresses, and bandage, the ligatures having been brought out at the inferior part of the incision. The operation was commenced at 1 o'clock, P.M., and the patient was put to bed in less than an hour, having borne it remarkably well; in fact, she felt, as she declared, very little pain, being under the influence of the chloroform.

5 o'clock, P.M., same day. The patient is comfortable; pulse 68, and volume good; she has vomited once, and complains still of occasional nausea. Gave her thirty drops of laudanum, which is to be repeated in an hour, if not relieved. Alarmed by discharge from the wound, immediately after vomiting, and supposing that there was internal rupture, she

sent for me at 10 o'clock at night; although she seemed very much as at evening visit, to satisfy her, the dressings were removed, and it was discovered that there had been a free escape of bloody serum from the inferior angle of the incision.

April 7th—Morning. Found my patient comfortable; no pain or sickness, or tenderness of the abdomen; but she had slept little or none; had not urinated, and said she could not in the recumbent position to which she was strictly confined. Catheter. Ordered to keep quiet, and to have no nourishment but rice, rice-water, or weak tea and toast.

Evening. Slight febrile excitement; pulse 72; skin warm; had slept some, and had passed urine.

8th—Morning. Had slept some; was comfortable, complaining only of weariness of confinement to back, had urinated; appetite; pulse 68, and good.

Evening. Pulse as in the morning, and nothing worth noticing had occurred.

9th—Morning. Had slept; cheerful; pulse 68; no pain; tongue slightly furred; bowels not having been open since the operation, attempted to relieve them by a large warm-water injection, but very little fæces were brought away by it.

Evening. Says she had some pain in the bowels, during the day, tongue not more coated than in the morning; a little fullness in the epigastrium; directed a dose of pills containing blue mass, rhubarb, aloes, and soap.

10th—Morning. The pills having failed to operate, used the syringe again, but without effect; no pain or swelling of abdomen; rested better last night than since the operation; pulse 68.

Evening. Bowels not having acted, ordered tablespoonful of castor oil, to be repeated, if necessary.

11th—Morning. The oil had purged freely, several times, in the course of the night; no complaint.

Evening. Nothing to note.

Henceforward a diary would not be interesting; suffice it to say, that no unfavorable symptoms occurred, at any time;

her appetite gradually became good; the bowels acted naturally, or at most she took a little oil once or twice. The wound was examined on the 16th of the month, but finding that it was not yet firmly united, the sutures were not cut, nor were the ligatures pulled. On the 19th, there being some suppuration about the threads, the sutures were cut and removed, and the adhesive strips, etc., replaced; the ligatures were not touched. On the 25th, one of the ligatures yielded to gentle traction and was removed, but the other, although gently pulled at every dressing, did not yield till the 7th May, at which time the wound was firmly closed, except the small opening through which the ligatures were brought out. The next day, she crossed the river to New Albany, where she had relations, to look out for the same friendly kind of conveyance home that had brought her to the city. I have only heard since that she got a wagon to her notion, and there is no reason to doubt that Mrs. McLaughlin is at this time as notable a housewife as in days of yore.

NOTE.—The tumor, notwithstanding the tapping and the puncture of two of its cysts, at the time of the operation, weighed nine and a quarter pounds. It is composed of many cysts, of various sizes, having strong, thick walls, with smooth, polished linings, and filled, as many of them as were opened for inspection, with the same ropy, white fluid, as that discharged by the trochar. It is preserved in alcohol.

June 20th, 1848.

REVIEWS.

Art. IV.—*The Human Brain: its Structure, Physiology, and Diseases;* with a description of the Typical Forms of Brain in the Animal Kingdom. By Samuel Solly, F.R.S., senior Assistant-Surgeon to St. Thomas's Hospital, and Lecturer on Clinical Surgery, etc., etc. From the second London edition. With one hundred and eighteen wood-engravings. Philadelphia: Lea & Blanchard. 1848. 12mo. pp. 496.

No part of human anatomy possesses higher interest than that of the Brain, the organ of the mind, and at the same time no other department of it, perhaps, is so imperfectly understood. The mode of prosecuting the study was for a long time one which could not lead to a correct knowledge of its anatomy—which conveyed, in fact, little more than "a vain catalogue of names applied to parts, without reference to their structure, their functions, or even their analogies in the nervous system of the lower order of animals." So long as anatomists confined themselves to an examination of its exterior, they were not more likely to gain a knowledge of its organization than they would have been to learn the structure of the human body by merely looking at its surface. What should we have known now of the structure of the human frame, if we had been content with such a survey, or even with making sections of the muscles, bones, and blood-vessels, as it has been the custom to make sections of the brain? Fortunately, this absurd method was never adopted

in the one case, and is now abandoned in the other. As remarked by our author:

"The only philosophical method of simplifying and giving a character of general interest to the anatomy of the human brain, is by commencing with the structure and functions of the nervous system in the lowest and simplest forms of animal existence, rising by degrees to the highest, carefully observing each addition of parts, and the relationship borne by these to an addition of function. By pursuing this course we shall be rewarded by finding that the encephalon, this apparently most complicated organ in the human being, is but a gradual development from an extremely simple fundamental type on one uniform and harmonious plan, and that the seeming complexity of the cerebro-spinal axis in man really arises from the great concentration, as opposed to the extreme diffusion of its component parts in the lower order of animals; for in no particular are the higher orders more strikingly distinguished from the lower than in the concentration of function within circumscribed spaces."

Before commencing the study of the configuration and anatomical arrangement of the brain, the author gives an account of the physical, chemical, and microscopical character of its component matter. The name proposed for this matter is *neurine*, a substance in which the peculiar powers of the brain and nerves reside. Neurine is never found unsupported, for it is too delicate in texture to retain its form and properties if not protected by a membrane. The bones, the muscles, the glands, all have their membranous net-work, in the interstices of which their peculiar matter is deposited, and the same arrangement prevails in the nervous system

There are two kinds of neurine, differing in all their physical properties—the one of a gray or ash color, and pulpy texture, the cineritious or pulpy neurine; the other of a pearly white color, and fibrous texture, the medullary or fibrous neurine. Under the microscope, the latter is seen distinctly to consist of tubes, and hence its present title, *tubular neurine*. An exceedingly interesting view insisted upon by our author is, that *the cineritious neurine is the source of power*, and *the*

medullary neurine merely *the conductor of it.* According to this view, the peculiar power of the nervous system resides in the cineritious portion, in short, "stands in the same relation to the rest of that system as the secreting portion of a gland does to the rest of that organ." The medullary or tubular neurine, without possessing any control over that power, appears to act simply as a passive conductor. Thus we find it performing various offices:

"1st. As a conductor of an impression from the surface of the body to the brain—*a nerve of sensation.*

"2dly. As a conductor of an order to act, from the brain, to the voluntary muscles—*nerve of volition.*

"3dly and 4thly. As a conductor of an impression from the surface of the body to the spinal cord, which is reflected thence down another set of conductors to the muscles whereby they are called into action, independently of volition—the *excito-motory nerves* of Dr. M. Hall.

"5thly. As a conducting medium between the centres of power—the *commissures.*"

The vesicular neurine is composed of nucleated cells, which appear to be the active agents in the production of nervous power. They receive an unusual amount of blood, as is the case with all secreting organs, and when this supply is cut off or diminished, the mental operations are impaired or cease entirely. Neurine is closely connected with thought, for after severe mental exertion we find in the urine an excessive amount of the peculiar element of the brain—phosphorus. A gentleman consulted our author on account of a deposit of phosphorus in his urine. In the morning this excretion was perfectly clear and healthy, but after he had been harrassed by business, it became turbid. When he was in the country and free from anxiety of any kind, his urine was bright and natural—showing, as expressed by Dr. Carpenter, "that the nervous tissue, when in a state of functional activity, undergoes a rapid *waste* or disintegration, and a corresponding renewal." Still, we are not to conclude from such facts, that thought is a product of matter; the mind employs matter merely as its instrument, and when we speak

"of sensation, thought, emotion or volition as functions of the nervous system, we mean only that this system furnishes the conditions under which they take place in the living body."

After a few pages devoted to the structural anatomy of the brain, the author proceeds to illustrate his subject by comparative anatomy; and the first point which he establishes is, that all animals are endowed with a nervous tissue, and are perfect in proportion to the development of that system. Wherever in any organized being we perceive signs of sensation, there we may rest assured *neurine* is present, notwithstanding, from its minute quantity or its transparencey, we may be unable to demonstrate its existence. And not only are sensation and volition, but all the actions also which take place in man and animals in general, independent of volition, excited and guided by the nervous power. All the complicated acts of swallowing, for example, are as much dependent on the nervous system as the act of raising the food to our mouths. These discoveries we owe to Dr. Marshall Hall, to whom, in the estimation of our author, justice has not yet been awarded for his important contributions to physiology.

The nervous system is now universally allowed to afford the best principles for the classification of animals. In the simplest, the organization consists of little more than a stomach for digesting food, and arms for collecting it; but there must be a sympathy between these two classes of organs, and this is established by a nervous system. Ascending in the animal kingdom, we find other organs superadded to those of assimilation and prehension, and with them a more complex system of nerves. In the lowest order of animals neurine is indiscernible, and we are left to infer its existence from the phenomena which always attend it. In the class just above, the ganglia are so extremely minute that the whole presents a mere thread-like appearance, and so the development goes on up to man, in whom this system receives its perfect amplification. The animal kingdom has been divided into five class-

es; and named in accordance with the form and arrangement of the nervous system.

The most simple form in which we find the nervous matter arranged so completely as to constitute a distinct nervous system, is in the Ascarides, a worm which infests the intestines. Their nervous centre consists of two white cords, composed of a series of small lines, and sending to the right and left filaments so thin as to be invisible to the naked eye. What is both curious and interesting is, that this simple arrangement in the worm corresponds perfectly with the first appearance of the cerebro-spinal axis during the development of the vertebrata, affording a beautiful illustration of the law, that the higher classes of animals, in the process of their development, go through some of the forms which the lower orders permanently retain. This is well shown in the egg of the common fowl, in which, twenty-four hours after incubation has commenced, the rudiment of the spinal cord may be seen in the form of two white lines perfectly similar in appearance to the nervous cord in the ascaris. In the star-fish we find a nervous apparatus somewhat more complicated, corresponding to the more diversified functions it is capable of performing. The Asteria has the power of locomotion, and seeks and obtains its food amid the crevices of the rocks, to which, one after another, it adapts the position of its rays. It has a nervous ring surrounding the œsophagus, giving off a filament to each ray, besides ten smaller ones which descend to the stomach, each having a little nodule of neurine or ganglia.

We have not room to follow our author through all his descriptions of structure in the inferior animals, but what we have said is sufficient to show how great are the advantages of studying the nervous system in these classes. The centres in them are so completely isolated, and the nerves which they distribute so easily traced, as well as the organs they supply, "that it is much easier to discover the probable office of each individual ganglion than it is in man, where they are so closely packed, and the connections of all so numerous, that it is

not easy to decide so accurately over what organs or sets of organs, each nervous centre presides." This method of studying the anatomy of the higher races is incomparably superior to that of vivisection. It gives us the isolation of parts, without the disturbance of function induced by painful operations. It is, in a word, dissection performed by nature. It has led to the most beautiful results in physiology, many of which are pointed out in this volume.

In tracing the gradual development of the nervous system of the animal kingdom up to the highest races, the student will remark the correspondence between the manifestation of intellect and the perfection of that system, and will be struck with the actual inferiority as regards size and weight of the brain, even of the higher animals, as compared with man. Thus, the brain of the horse is not merely smaller, relatively to the body, than that of the human being, but actually so. "Indeed," continues the author, "the only exception to this rule is met with in the elephant and the whale—the brain of the elephant weighing from 8 to 10 lbs; and, according to Rodolphé, that of a whale, seventy-five feet long weighed 5 pounds 10 ounces, but that of a narwhal 17 feet long, only 2 pounds 3 ounces."

Many observations have been made on the weight of the human brain, from the time of Haller to the present period. From these sources we learn that the average weight of the adult brain in the human subject is about 3 pounds, and that it increases from one year old up to twenty. Between twenty and thirty there is a slight decrease on the average; afterwards it increases and arrives at its maximum between forty and fifty, gradually decreasing to old age. According to Tiedemann, the brain of the adult male negro varies between 3 pounds 2 ounces and 4 pounds 6 ounces. The brain of Cuvier weighed 4 pounds 11 ounces 4 dr. 30 grs. troy weight; that of Dupuytren, 4 lbs. 10 oz.; but this correspondence between great cerebral development and distinguished talents has not always been observed. The brains of idiots are small; that of one is mentioned which weighed less than a

pound and a half. The female brain is usually lighter than the male. Tiedemann never met with a female brain that weighed 4 lbs. On an average, the female brain weighs from 4 to 6 ounces less than that of the male; and this difference is already perceptible in the new-born child.

We pass over several intervening chapters to notice the one which treats of the *development of the brain.*

"In order to understand the development of the brain, we must briefly trace the very earliest changes which take place in the germinal vesicle, or ovum. A portion of this vesicle becomes opake; the opacity is called the germinal space—*area germinativa*. The nucleated cells of this spot, at first uniformly arranged, so that the whole is obscure, soon begin to accumulate on the circumference, leaving a clear space in the centre. The transparent spot assumes an oval lunar form, transversly to the ovum. If we examine closely the material of the germinal spot at this time, we find that it consists of two layers. The superior is the *animal* or *serous* layer; from it all the organs of animal life are formed. The inferior is the *vegitative* or *mucous* layer; from it are formed all the organs of vegetative life. The transparent line is confined to the animal layer; the vegetative layer is opake throughout."

At very early periods of fœtal existence, as in the lowest tribes of animals, there is no appearance of any neurine. About the commencement of the fourth month the brain assumes a fibrous appearance, but the nerves have not yet become connected with it. About the fifth month, the cerebellum begins to assume the same appearance as that of the skate. The pineal gland is not to be seen previous to the fourth month. As early as the second month, we perceive in the fœtus, springing out form the corpora striata, a thin delicate membrane, consisting of medullary neurine. At the seventh month the convolutions are very imperfectly developed, though the hemispheres now cover the cerebellum entirely. At nine months they are three inches and four lines in length, two lines in breadth, and have the same form as in the adult.

"After these details, it must be evident that the hemispheres

are formed from before backwards, and from without inwards: that at first they consist only of a thin membranous layer of neurine, reflected upon itself from behind forwards, and from without inwards; that they increase in thickness and volume very gradually; and that as they are developed they extend themselves; first over the corpora striata, and afterwards over the thalami, optic tubercles, and cerebellum, so that in the end they entirely cover all these parts.

"We observe precisely the same plan adopted in the formation of the hemispheres of the brain throughout the Vertebrata, except that they are arrested at different stages of the development in different species, which the human embryo merely assumes for a short period, and passes on to a more elevated type."

The author then proceeds to point out some of the analogies between the cerebral mass of fishes, reptiles, birds and mammalia, and that of the human fœtus. He remarks:

"The skate presents one of the most decided specimens of a structure analogous to the fœtal or rudimentary hemisphere of the higher classes, in the two tubercular enlargements which are placed immediately in front of the optic tubercles, and with which the peduncles of the olfactory nerves are connected as in the human subject.

"These bodies are hollow, and the walls of the cavity are formed by a membranous layer of neurine reflected backwards and inwards, into which the fibres of the crura cerebri expand as in the human embryo.

"In the carp we have also observed rudimentary hemispheres.

"The rudimentary hemispheres of the reptiles are equally interesting when viewed in relation to this subject. In the crocodile, each hemisphere represents a membranous sac containing within it the optic thalami, the pineal gland, and the corpora striata, from which ganglia the hemispheres arise, thus corresponding accurately with the same part in its state of evolution at the third month or fœtal existence in the human being, presenting the reflection of neurine which constitutes the hemispheres, extending to the same point behind, and covering the corpora striata and thalami, but leaving the optic tubercles exposed. And so we might in the same manner go on multiplying examples of the truth of the law of pro-

gressive development of the hemispherical ganglia: more than has been said seems unnecessary.

"The corpora mammillaria do not appear until the end of the third month, and then not divided as they are after birth, but simple and homogeneous.

"The above facts which I have laid before my readers on the authority of Tiedemann, Serres, Bischoff, and others, will, I think, thoroughly convince them of the truth of the law which I stated at the commencement of this section regarding the gradual development of the brain and spinal cord on one simple and uniform type: and that the complicated structure which we meet with in the human adult, is at an early period of fœtal existence as simple in its general arrangement, as many of the permanent forms of the lower vertebrated animals, and that in its development Nature appears to have pursued the same plan which she has adopted in the organization of each individual in her vast family, gradually adding one part after another, and at the same time concentrating the whole, each fresh addition changing the appearance of the several parts, so that unless the chain be observed from its very commencement, all the analogies which are so palpable when we proceed step by step are obscured, and even made altogether incapable of demonstration.

"Let me not, however, be misunderstood, when speaking of the addition of fresh parts, for the brain of man even in its state of perfect development consists of the same number of *ganglia* as that of the Vertebrata in general, though the amazing size of the hemispherical ganglia and the cerebellum, with the addition of fresh commissures, give to the human brain an appearance wholly unlike that of the reptile and the fish."

The *philosophy of the cerebro-spinal axis* is the subject of the 10th chapter of this work—a subject, remarks our author "which every candid physiologist approaches with great diffidence, for though much has been done in the last ten years, still much remains in obscurity." Having spoken of the physiology of the spinal cord, the medulla oblongata, and the cerebellum, he takes up "those important ganglia which crown and cover the rest—the hemispherical;" and this leads him to speak of phrenology, concerning the fundamental doctrine of which he says:

"If there is one point in the physiology of the brain more unequivocally demonstrated than another, it is that these ganglia are the instruments of the mind—the portion of the brain in which sensations are converted into perceptions, and give rise to ideas. Comparative anatomy; developmental anatomy; experiments on living animals; observations on its size and form, as indicated by the size and form of the skull; and last, but not least, pathology,—all afford a mass of overwhelming evidence that this portion of the brain, and this only, is the cerebral organ of intellectual power."

It is the surface of the brain, or the hemispherical ganglia, which directly ministers to the intellect. This is proved by the effects of inflammation of the membranes, and of apoplexy, in which latter disease, if the effusion of blood take place on the surface of the brain, the mind is disturbed, while if the effusion is limited to the medullary substance, the mind, having recovered the first effect of the general shock, remains perfect, though its conducting instruments are paralyzed.

Our author very judiciously observes, in his introductory remarks to phrenology, that the physiological principles upon which this doctrine is founded may be perfectly correct, "and nevertheless its professors may make great mistakes in their application." We have had occasion, heretofore, to remark on the errors into which the teachers of phrenology have fallen. It is a common subject of remark, and while the belief in the leading doctrine may, perhaps, be said to be universal, there can be no question that the contradictory reports of phrenologists on the mapping of the cranium have caused very general incredulity respecting the details of the science. Our author believes that there must be a great deal of truth in phrenology, for the followidg reasons, which we give in his own words:

"First, I have received from practical phrenologists, and especially the late worthy Mr. Deville, such accurate characters of individuals known to me, but unknown to them, that I cannot believe the accounts I received could be the result of

accident and conjecture, which must have been the case if phrenology is untrue.

"Secondly. Phrenology alone—as it appears to me—can account for all the varieties of insanity, especially monomania.

"Thirdly. The facts which have been collected by the late Mr. Deville, showing that the brain will alter its form at any period of life.

"Fourthly. The existence of longitudinal commissures."

In treating of the *Diseases* of the Brain, Mr. Solly adopts the following arrangement:

"1. Anæmic affections.
"2. Hyperæmic.
"3. Convulsive.
"4. Organic."

He premises his pathological remarks by an examination of the question whether the quantity of blood in the cranium is always the same, and the conclusion to which he comes is that the brain is compressible, and consequently that the amount of blood in it continually varies. In support of this conviction he quotes the very satisfactory experiments of Dr. Burrows, which bid fair to settle the vexed question. We have not space to cite any of his facts, but would refer the sceptical reader to the work of Dr. Burrows, which has lately been republished in Philadelphia.

Among the cerebral *anæmic* affections Mr. Solly includes *delirium tremens*, *anæmic coma*, *ramollissement*, and *atrophy* of the brain. The *hyperæmic* affections embrace the inflammations, apoplexy, epilepsy, and organic diseases. It would be vain, in the little space left at our disposal, to attempt to give even an outline of the pathology and practice of this admirable work, so we take leave of it here, cordially recommending it to our readers.

ART. V.—*Imported Adulterated Drugs and Madicines:* Report of the Select Committee to the House of Representatives, June 2, 1848. By THOMAS O. EDWARDS, M. D., of Ohio.

We heard the greater part of this report read before the American Medical Association, at Baltimore, and are glad to find that it has already been presented to our national Legislature, and is now submitted to the public in a form to attract general attention. The subject is a momentous one, in which the community has an equal interest with the profession. If adulterated drugs are brought into the country, they will fall into the hands of physicians, and be taken by their patients. The reputation of medicine for efficiency must suffer, but what is even more serious, the health and lives of the sick will be jeoparded at the same time. It is, therefore, a common cause, in which the givers and the recipients of physic should unite, and press home the subject upon Congress until protection is extended to the people. In Europe, most of the governments have already adopted such laws in regard to the purchase and sale of medicines, that none but pure articles can obtain currency in those countries, and the consequence is that all adulterated preparations must find a market elsewhere. Unfortunately for the profession and people of this country, such medicinal agents have too long found sale in the United States.

"For a long series of years this base traffic has been constantly increasing, until it has become frightfully enormous. It would be presumed, from the immense quantities, and the great variety of inferior drugs that pass our custom-houses, and particularly the custom-house at New York, in the space of a single year, that this country had become the grand mart and receptacle of all the refuse merchandise of that description, not only from the European warehouses, but from the whole eastern world."

The report goes on to say,

"On reference had, not long since, to the custom-house books in New York, it was found that 7,000 pounds of rhubarb root had been passed within ninety days, not one pound of which was fit, or even safe, for medicinal purposes. Much of it had become greatly deteriorated by age, was worm eaten and decayed, while other portons, notwithstanding they showed a somewhat fair appearance externally, (the color, etc., having been brightened by artificial means for the purpose of deception), gave internally, unmistakeable evidence of the virtue of the root having been extracted by previous decoction, for the purpose of making what is sold as the 'extract of rhubarb,' and thereby rendering it of no further value for medicinal use. This article was invoiced at from 2½ pence sterling (5 cents) to 7 pence (14 cents) per pound. The price of good rhubarb, at the place of production, has been, for several years past, about as follows: The East India, from 35 to 45 cents per pound, according to circumstances; the Turkey or Russian, from $1 25 to $2 ,50 per pound, exhibiting a very wide difference in price, as will be perceived, between the good and refuse article.

"Another of our more important articles of medicine, particularly in the newly settled portions of our country, comes to us in large quantities entirely unfit for medicinal purposes; but like the worthless rhubarb root, is eagerly bought up at auction sales by unprincipled drug dealers, and sent to the drug mills, where it is ground and powdered, the color, smell, and natural taste imitated, and afterwards sold to country dealers and others as a good article. The result of this is, that it is finally dispensed to the sick, at the sacrifice doubtless of many valuable lives every year: we mean the Peruvian Bark."

The same frauds are practiced with regard to many other articles. The following are the statements made by the committee concerning opium:

"This article of priceless worth in the treatment of disease, is now sent to this country in a greatly and dangerously adulterated state; and as a proof that the fraud carried on in the preparation of this valuable drug is now made not only a regular but an extensive business, we are assured, on most reliable authority, that it is shipped directly from Smyrna, the most important place of its production, deprived not unfrequently of *two-thirds of its active principle* that propor-

tion of its medicinal property having been extracted for the manufacture of morphine. Opium is found to be adulterated with Spanish liquorice paste, combined with a small quantity of some bitter extract, and when but moderately deteriorated in this way, the fraud is not easily detected at first view; but it has been passed from Smyrna, by the way of some of the European markets, so freely adulterated, that the fraud was readily detected merely by the smell! no analysis being necessary. The so called opium of this description is often found infested with living worms. Of course this decaying mass is not sold to the retailer or jobber in this condition, but is previously worked over and combined with a better quality of opium."

So also in respect to *scammony* and the *blue-pill mass:*

"Genuine scammony, another important drug, is now but seldom imported. Not a single pound of pure Aleppo scammony has passed the New York custom-house during the last twelve months. The so called scammony, now imported, contains generally only about one-half the active principle of the genuine article; it being a combination of that drug and a worthless vegetable extract commingled with clay. Pure scammony is an expensive drug; hence the object of its adulteration."

"The blue pill mass, a vastly important and useful pharmaceutical preparation, comes to us greatly and dangerously adulterated. This article, when pure, contains 33⅓ per cent. of mercury, combined with conserve of roses, etc. The adulterated article, of which large quantities are imported and sold, is, according to the very correct analysis of Professor Reid, of the New York College of Pharmacy, as follows:

Mercury,	7·5
Earthy clay,	27·0
Prussian blue, used in coloring,	1·5
Sand, in combination with the clay,	2·0
Soluble saccharine matters,	34·0
Insoluble organic matter,	12·0
Water,	16·0
	100·0

"Thus it will be seen this spurious article contains less than one-quarter of the active principle of the genuine, to say nothing of the indigestible earthy matter, etc."

The following are the disclosures respecting the adulterations of sulphate of quinine:—

"Sulphate of quinine, or the salts of the Peruvian bark, a medicine now considered indispensable, and of universal use, particularly where intermittent fever prevails, comes to us adulterated in various ways. The usual method is to combine it with salicine, (the salts of the willow bark,) chalk, plaster of Paris, etc. The salicine possesses similar medicinal qualities, and resembles quinine very much in appearance, but it is afforded at less than one-fourth the price, and is very far inferior in strength. This spurious article is largely imported, neatly put up in French style, with the label of the celebrated Pelletier, of Paris, (the original, and always one of the most honorable foreign manufacturers,) on each article. This trash is made at an extensive establishment in Belgium, the whole business of which, your committee are informed, is to manufacture and dispose of base imitations of all the important foreign chemical and medicinal preparations. An agent of this establishment has been in this country for the last ten months. His business is to effect sales and obtain orders. No wonder that those suffering the affliction of fever and ague, in the western country, take quinine by the teaspoonfull at a dose, rather than a few grains, which is all sufficient when the article is pure."

Dr. Baily, in answer to questions put to him by the committee, enumerates the articles most commonly adulterated. In addition to those already referred to, he mentions the following:

"The mercury or quicksilver of commerce is generally impure; lead, bismuth, and zinc are found mixed with it. It should never be used in the preparation of medicine without previous purification.

"Red oxyde of mercury or red precipitate is frequently mixed with red lead.

"Many of the foreign medicinal extracts are prepared and

sold in reference to *price* rather than *strength* and *purity*. The foreign manufacturers prepare any *quality* called for. Compound extract of colocynth (as the label imports) comes to us in a manner well calculated to deceive, but, on examination, is found to contain not one particle of colocynth. This spurious article is invoiced at about one-third the price of the genuine article. Extract of Peruvian bark, sarsaparilla, rhubarb, hyoscyamus, jalap, etc., etc., of a like inferior description, are constantly being imported to a greater or less extent.

"Very little, if any, of the pure Russian castor finds its way to this country. An imitation compound of dried blood, gum ammoniac, and a little real castor, put up in artificial bags, is the article generally met with.

"But one invoice of *real* myrrh has been imported into New York during the past eighteen months, while very large quantities of the artificial have been imported direct from Canton, where the manufacture is carried on to a great extent. This impure article is invoiced at less than one-fifth the price of the genuine, and is not possessed of any medicinal quality.

"Very little pure and prime gum myrrh is imported; most of it is adulterated by the admixture of other and inferior gums.

"Most of the gum ammoniac now imported is more or less adulterated with common resin and earthy substances. It sells for less than one-third the price of the gutta ammoniacæ, or pure gum. The latter is now seldom met with.

"Gum assafœtida is most extensively adulterated with inferior mucilaginous gums, chalk, clay, etc. An invoice of some four thousand pounds of this article passed the custom-house at New York not many months since, and not one pound of which was proper to be used for medicinal purposes without previous purification.

"Peruvian bark comes greatly mixed, and no small portion of it of a very inferior and worthless quality. We know of even twenty-five distinct species of this bark, and, as may be supposed, they differ greatly in strength and price. Considerable quantities are shipped to this country after having the active portion extracted for the purpose of manufacturing extracts of bark. The best article is imported or purchased for the manufacture of quinine; the other for powdering. It comes invoiced at from five cents to one dollar per pound, according to the place of purchase and the quality of the

bark. Peruvian bark, fit to be used in medicine, can only be bought at the place where produced, at from thirty-five to seventy and eighty cents per pound.

"No pure Aleppo scammony has for a long time been imported through the New York custom-house, because the article in inferior strength and purity has taken its place in the market. The Smyrna scammony is always adulterated with some worthless vegetable extract, flour, ashes, and clay. An article *called* Smyrna scammony (and a fair imitation) is occasionally imported, which has proved to be a combination of jalap, gamboge, chalk, gum Senegal, and ivory black, without a particle of real scammony in its composition."

Even calomel, it seems, does not escape adulteration; chalk, white lead, and sulphate of baryta are mixed with it. Iodide of potash is adulterated with saltpetre, and iodine itself comes in a very impure state. In a word, as stated by Dr. Baily, examiner of drugs at the New York custom-house, "more than one-half of many of the most important chemical and medicinal preparations, together with large quantities of crude drugs, come to us so much adulterated, or otherwise deteriorated, as to render them not only worthless as a medicine, but often dangerous."

It is time the attention of congress was directed to these abuses. For years, the New York College of Pharmacy have been engaged in the endeavor, by force of reason, to put a stop to this nefarious traffic. The medical profession have long been awake to the vital importance of the subject. We trust the period has arrived when efficient legislation will carry out public sentiment, and guard the public weal in this important particular.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

Registration of Marriages and Births Address of a Committee of the College of Physicians of Philadelphia to the Medical Profession of Pennsylvania.—The undersigned, a Committee of the Philadelphia College of Physicians, charged with presenting the subject of *Registration* to the Physicians of Pennsylvania, beg leave, in pursuance of the object of their appointment, to lay before you the following remarks:

The late National Medical Convention adopted an Address to the several State Governments, praying them to provide by law for the Registration of Births, Marriages, and Deaths. The College of Physicians directed a similar memorial to be laid before the government of Pennsylvania. Both of these documents are now in the hands of the Legislature, and you are respectfully invited to exert your influence with that body for their favorable consideration.

In urging you to take this step the undersigned will pass by the advantages which a system of Registration offers to the political economist and the legislator, and confine their attention to the motives which should induce physicians to promote the enactment of a Registration law.

It has been correctly regarded as one of the greatest benefits conferred by a system of registration, that it settles the nativity of every citizen with such certainty, that his claims for property coming to him by descent can never be defeated, when founded in justice—but the same system furnishes, with equal accuracy, a statement of the degree of every one's predisposition to disease, whenever the malady of which his ancestors died is susceptible of being inherited.

and in this manner contributes largely to illustrate the subject of mortal hereditary diseases.

A record of Births and Marriages, also, by permitting the investigator to trace up the genealogy of a family and its collaterals, through several generations, would aid materially in determining the influence of consanguinity, constitutional peculiarities, social condition, etc., upon the procreative faculty, and the hereditary transmission of disease. It would furnish *data* for determining whether large families, the issue of early marriages, really increase the productive power of the State in proportion to their numbers, or, in other words, whether, as a general rule, a numerous progeny is consistent with a high degree of physical and mental vigor. Finally, it would show the good or evil consequences of disparity of years in the parties contracting marriage.

In the best systems now employed, a registration of deaths shows not only the total mortality occurring in a given population, but the cause destroying life in every case, and, consequently, becomes a precious record to the physician, and when interpreted by him, an instrument of incalculable good to the Commonwealth. The aggregate annual mortality of our population, is now unknown, and the proportions of it due to different causes cannot even be conjectured. Little is known of the forms of disease which prevail in various parts of the State, and still less of the relative mortality occurring in cities, towns, and villages, rural districts, and particular localities, and of that affecting persons of different ages, sexes, and social conditions. Nor is any more accurate information possessed in regard to the modifying influences exerted by epidemics upon the average mortality of different places, and those of transitory medical constitutions upon ordinary diseases. But if a proper record of deaths were kept, it would show, that in certain places, and amongst certain classes of people, the mortality is either greater or less than that affecting the community at large, and would often lead to a successful inquiry into the causes which operate injuriously upon one place or class, and those which confer upon others a comparative immunity. It needs no argument to show that such a record would, also, when illustrated by strictly medical reports, do more to establish the laws of epidemic and endemic diseases, and medical constitutions, than has ever been accomplished by the industry of individuals.

Several of the foregoing propositions are drawn from the experience of other countries in registration. It appears from the report of the commissioners presented to the British

Parliament, in 1845, that the statements made in successive reports of the Registrar-General, of excessive mortality occurring in many places, had induced many persons to search out its causes. These inquiries resulted in the removal of cess-pools, and accumulations of putrid substances, in the digging of sewers, etc. The commissioners state, that in Manchester, after paving and draining in twenty streets, there was such an amelioration in the health of the improved district, that but ninety deaths annually took place, where one hundred and ten occurred before.

Not unfrequently the received opinion of the healthfulness of a place has been directly contradicted by the evidence of registration. In this connexion, the case of Liverpool is remarkable. The rapid increase of that great commercial mart was formerly attributed, amongst other things, to the salubrity of the air; but it is now ascertained, that at all periods of life, the chances of living in Liverpool, are actually less than in any other known place of equal population. Comparing it with Surrey, a rural district of England, "it appears that while a child at birth, has a chance of living 45 years in Surrey, it has a chance of living only 25 in Liverpool."

There is too much reason for apprehending that Americans err greatly in their estimate of the healthfulness of this country. It has been calculated that while the average age of the whole living population of the United States is 22 years and 2 months, that of all living in England and Wales is 26 years and 7 months. It has also been shown, that while about 56 per cent. of the population of the United States survive the age of 15, and 4 per cent. only that of 60,—nearly 64 per cent. of the population of England survive the former, and more than 7 per cent. the latter age. These statistical results and common observation mutually confirm one another. European travelers in this country wonder that so few old persons are to be met with, and Americans abroad are surprised at seeing so many persons advanced in life, engaging still in active pursuits, and retaining the cheerfulness and vigor of middle age.

It is not possible that the mortality amongst the well-fed and well-clothed inhabitants of this country should so much exceed that of the comparatively wretched masses of the English people, or that so few amongst the former should survive the labors of active life to guide and counsel their decendants, unless there were some radical error in our habits of living, or some peculiarly noxious influences of a more

general kind, were acting upon the population. Some of these evil habits and influences may, indeed, be conjectured, and their malign effects in particular cases be averted, but until the results of Registration demonstrate their existence and character upon a large scale, the people will not be induced to believe them real, or take pains to escape from them. It is well known that there is a large sacrifice of human life in this country from the careless or reckless management of public conveyances, manufactories, etc., but its actual amount has never yet been ascertained. Yet no one can doubt that if every case of death by accident were reported, with its attendant circumstances, and annually published by the government, attention would speedily be drawn to the evil, and effectual means taken to mitigate it. What is true of this particular case, is no less so of many others, and is in principle applicable to all in which the cause of mortality is in any degree removable.

The degree of mortality in ordinary diseases depends chiefly upon two circumstances,—the condition of the patient, and his treatment. If, therefore, it is found that deaths from certain diseases are especially frequent amongst persons of certain ages, constitutions, habits, etc., or in certain trades, professions, situations, etc., the causes of this susceptibility may be discovered, and perhaps removed. In like manner, if it is found that a given disease is more fatal in one section of country where a particular treatment is employed, than in another where a different method is pursued, the discovery would suggest an alteration of the practice adopted in the former place, as well as an inquiry into all the circumstances concerned in bringing about the unfavorable result. Many other examples of the manner in which a complete system of Registration may be employed in solving medical problems might here be adduced, but a simple consideration of the various facts developed by such a system, will naturally suggest them to every reflecting mind.

In addition to the motives now presented, there is another, which it is not doubted, will induce the cheerful co-operation of the physicians of Pennsylvania in procuring the enactment of a Registration Law. The medical is a benevolent profession, and has always been foremost in advocating and proposing plans for the increase of human happiness. Standing aloof from the political arena, its members may appeal, in behalf of humanity, to legislative bodies, without being suspected of disingenuous views or sordid motives.—They may, and ought therefore, to plead the cause of the

poor and diseased before the government of the State;—to show that by reducing the amount of sickness and death, the means of the poor, and consequently the wealth and power of the State are increased—while, on the other hand, prolonged sickness and premature death make paupers of hundreds of families, and thereby not only directly exhaust the energy of the Commonwealth, but create a burden for whose support the strong must labor, as well as for their own. They ought to represent respectfully, but earnestly, that a solicitude to provide by legislation for the development of the material resources of the country, and to stimulate the productiveness of agriculture, manufacture, and trade, should not cause the interests of life and health to be neglected. For without health, happiness is necessarily imperfect. Without health it is difficult to gain riches, or enjoy them, even during the active period of life; still less can they be expected to accompany that old age which all look forward to as a season of repose and comfort, but which in our present social condition, so few, comparatively, attain.

With these arguments the undersigned commend the subject of Registration to their professional brethren throughout the State; renewing the request that they will employ both personal and associated influence, to induce the Legislature to enact a law providing for the Registration of Births, Marriages, and Deaths, in such a manner as to insure the attainment of the objects set forth in this Address.

Samuel Jackson,
Alfred Stillé,
Gouverneur Emerson,
Isaac Parrish,
D. Francis Condie.

Transactions Phil. Col. of Phys.

Vomiting in Pregnancy.—M. Trousseau, in one of his recent clinical lectures, took the opportunity of stating the great advantage he had seen accrue from the mode of treating obstinate and dangerous vomiting during pregnancy, adopted some years since by M. Bretonneau. It first occurred to that practitioner, owing to the fact of his patient suffering from violent uterine pain, for the relief of which, believing the vomiting to depend upon its presence, he ordered a *belladonna* lotion to be applied to the hypogastric region, and with the ef-

fect of removing both the pain and the vomiting. In subsequent cases the remedy proved as efficacious, although no pain wast felt; and he explained its operation upon the supposition that the vomiting was then sympathetic of irritation of certain of the nerves of the ganglionic system only, produced by the enlargement of the uterus. However this may be many others have adopted the practice, with like success.—*Gazette des Hop.*

History of the Cholera observed at Constantinople during the winter of 1847–8. By M. MONNERET, Professor Agrégé of the Faculty of Paris.—When I left France in November, 1847, the epidemic had been arrested at Trebizond, situated on the oriental shores of the Black Sea; this city had suffered cruelly. The disease had not extended beyond Kerezoun, also on the Black Sea, a little to the westward of Trebizond. On October 24th, it appeared at Constantinople without showing itself in the cities intermediate between that capital and Kerezoun.

When I arrived in Constantinople, at the beginning of December, the cholera morbus had attained a considerable degree of intensity. The soldiers were first affected, and at a later period the sailors of the Turkish fleet, which had recently entered the harbor. On the 18th, forty-nine cases occurred on board one ship; the patients were removed to a temporary hospital belonging to the naval service. Up to January 5th, 248 patients were admitted into this hospital, and 73 died. Towards the same period 172 soldiers had been received into the military hospitals, and of these 83 cases proved fatal. It would be difficult to state accurately the precise proportion of the other inhabitants who were affected, but I am inclined to think that, in stating that altogether 1500 cases occurred, I am not far from the truth. My observations have been made in the military and naval hospitals; they have led me to the recognition of essential differences between the cholera of Constantinople and the Parisian epidemic of 1832. I now place these researches before the academy.

The comparison of cases observed at Constantinople points out three distinct forms of the disease. The first is constituted by cholera complicating other maladies, the second is

cholerine, and the third differs little from Indian cholera. The symptoms, progress, and duration of treatment of these forms require a separate description.

1. *Cholera as a Complication.*—It would seem that in the incipient stage of the epidemic the specific influence was so weak that it was incapable of producing cholera unless assisted by some other affection, acting as a predisposing cause. It was, therefore, in patients suffering already from other diseases that I first observed the development of cholera morbus. Occasionally it showed itself during the progress of some acute malady, such as pneumonia, bronchitis, pleurisy, simple or ulcerous colitis, dysentery; or during some chronic affection, phthisis, diarrhea, or disease of the heart. In such cases the following symptoms were present: Vomiting and diarrhea, generally of a bilious or serous matter, and, in some few cases, of the special characteristic, fleecy evacuations. Vomiting was not constant, and in some cases even constipation was observed; the tongue was pale, moist, and cold; the abdomen soft, and generally tender on pressure, particularly at the epigastrium. The face was altered; the expression of the eye vacant; the intellects dull, but present.

I carefully studied, in the patients affected with this form of cholera the three phenomena called algor, cyanosis, and cramps. The face, hands, and feet, often the abdominal walls, were the seat of cyanosis and cold, which seldom invaded the entire body, and were usually less marked than in Asiatic cholera. I have seen them occasionally persist, during five or six days, with some modifications induced by treatment. In others, the blue color was replaced by a sort of brick-tinged red hue. The pulse, weak and seldom insensible, resumed in some degree its strength when reaction appeared; this reaction was not readily established, and followed the progress of the primary disease which cholera had complicated. I have, for instance, in several patients affected with pneumonia, seen the cyanosis rapidly arrested under the influence of antiphlogistic treatment when the pulmonary inflammation subsided. In other cases, I have noticed repeated diminutions and increases of cyanosis, according to the fluctuations of the principal malady, and, finally, too prolonged cyanosis was sometimes followed by an adynamic state, which gradually augmented, and brought on a fatal termination. It was thus that most patients died; others, in small numbers, were seized with tetanic convulsions, and expired during the phenomena of contraction, which seemed

occasioned by congestion of the cerebro-spinal axis. The urinary secretion was suppressed. Cramps were uncommon in that form of cholera which we now refer to. The agitation of the patients was due to the intense abdominal suffering.

Few patients affected with the cholera outlived the double malady which they labored under; the mortality was, therefore, very great. It is doubtless very difficult to assign to each disease its share in the fatal issue; it may, however, with some probability, be admitted that the choleriform symptoms above described were in themselves insufficient to occasion death. Patients of robust constitution, and suffering from acute disease, recovered in larger proportions than the remainder.

Second Form, of Cholerine.—This form was much more frequent than Indian Cholera, and showed itself towards the end of December amongst the sailors. In proportion as the disease extended to a greater number of individuals, its effects seemed to grow weaker, and the attacks of algid cholera became more frequent. The greater number of sailors who at a later period suffered from Asiatic Cholera, or from fatal cholerine, belonged to the Turkish squadron, which reentered the harbor of Constantinople on the 1st of December, after a three months' cruise in the Archipelago. They were subject to diarrhea, indigestion, caused by bad food, to nostalgia, and other morbid causes, which we will notice. Under these unfavorable conditions, cholerine, having existed for one or more weeks, was replaced by an attack of slight or fatal cholera. The symptoms of this cholerine, altogether similar to those observed at Paris, require no peculiar description.

Third Form, Asiatic Cholera.—Its symptoms had, in their intensity, duration, and association, some special characters deserving of attention. The cyanosis, often intense, and similar to that observed in the most violent cholera, was almost always partial, and limited to the feet, face, hands, and forearms; it often ceased in twenty-four or thirty hours, without the patient being therefore out of danger. The skin of the cyanosed parts was viscid and wrinkled, as if macerated with water; the nails were often blue. The apparent refrigeration of the hands and feet afforded a contrast with the results of thermometric observations. In ten patients I examined the temperature at the axilla, and, if the

thermometer was left a sufficient time, the mercury rose to 36° (96½) and less frequently to 37° (98.) Under the influence of therapeutic agents capable of restoring heat the refrigeration speedily ceased; during several days, however, the calorification of the subject remained weak and uncertain until convalescence was properly established. I have assured myself that in many patients who lapsed into the adynamic state, although cyanosis never disappeared altogether, the skin remained hot and burning to the last.

Cramps were observed in about one-fourth of the cases: the tongue was moist and cold, but never blue. During the adynamic period it was red towards the apex, dry, viscid, smooth; thirst was incessant, vomiting not frequent, and the rejected matter bilious, often fleecy and resembling rice-water. The abdomen often had the appearance special to Asiatic cholera; but what, in my opinion, constitutes an important difference is, that in many subjects the belly was, on the contrary, voluminous, swollen, distended with gas, sonorous in the course of the large intestines, and tender on pressure in the epigastric and umbilical regions. These abdominal symptoms were present in so many subjects affected with violent cholera, that they might be considered as characteristic, and required a special mode of treatment.

In all cases in which I sought for the symptoms, I met with intestinal "gargouillement" (enterophony). The number of evacuations was not considerable, if compared with those of Indian cholera: in twenty-four hours the patients had seldom more than eight or ten motions. The matter was bilious or serous, sometimes fleecy and characteristic.

In bad cases the urine was almost invariably suppressed during several days; the respiration was frequent and laborious; some patients complained of considerable pain in the diaphragmatic insertions. During the period of reaction the pulse seldom exceeded 72; it rose to 108, and even 120, in the adynamic state.

After venesection the blood formed a black mass, which incarcerated the serum; the clot was soft, fragile, and presented no trace whatever of a fibrinous crust. In general, unless phlebotomy was performed during the first hours of the seizure, the blood flowed readily and even in stream from the venous orifice.

In mild cases, reaction was promptly established, and if it was complete, convalescence soon set in; if, on the contrary, the cyanosis persisted, or diminished only in a slight degree, an adynamic condition was the result. This state,

usually fatal, was marked by red patches on the face and hands, and difficulty of recovering heat; stupor or drowsiness, dulness of the eyes, convulsive closure of the lids, and dryness of the lips were also present. Of the skin were observed no stains or typhoid eruption; epistaxis was not noticed; the spleen retained its natural size; and I have often at this period detected in both lungs sibilous or snoring rhonchi.

The extreme frequency of this adynamic state, which replaced the symptoms of cholera and even of simple cholerine, caused much anxiety to the physicians of the naval hospitals, who entertained fears of an early appearance of the typhus in the narrow wards encumbered with a too large number of patients.

From the above description of the forms of cholera at Constantinople, it follows that all the symptoms by which that malady is characterized were united in the greater proportion of the patients; these symptoms individually were, however, neither so intense nor so constant as in the cholera of 1832—the cyanosis, the refrigeration, and more especially, the cramps being less violent.

Another important difference between the two epidemics consists in the predominance of abdominal symptoms, and the easy substitution of a generally fatal adynamic condition to cyanosis.

It would be hard to state what may have been the general mortality in Constantinople. One half of the soldiers, and rather less than one-third of the sailors, affected were carried off by the disease.—*London Medical Times.*—*Med. Ex.*

New Liquid Adhesive Plaster.—The Boston Medical and Surgical Journal, of March 29th, contains a letter from Mr. John P. Maynard, of Boston, describing the process for preparing a new adhesive plaster which promises to be of great value in surgery. Many of our friends have used the new prepartion and speak of it in high terms. It is easily applied, more adhesive than the common plaster, and contracts in drying, so that the edges of the wound are brought into more perfect apposition. The article is prepared by dissolving *gun cotton* in sulphuric ether. Gun cotton is formed y

treating it for a short time with nitric and sulphuric acids, and then washing the substance thoroughly with water. When properly prepared, it dissolves readily in sulphuric ether.—Eds.

The mode, Mr. Maynard states, in which it was used in these cases, varied according to the nature, size, and situation of the wound. In slight cuts, a moderately thick coating of the solution laid over the incised parts was, on becoming dry, sufficient to keep the lips of the wound in position till union took place; but in most instances it was employed in conjunction with straps of cotton and sheep skin, and with raw cotton, forming with them strong, unyielding, adhesive straps, bandages and encasements; and after many experiments, I am convinced that this is the best and most effectual way in which it can be employed, as an adhesive agent in surgery. The solution dries rapidly, and in a few seconds, by the evaporation of the ether it contains, it becomes solid and impermeable to water—and a strap moistened with it glued to any part of the cutaneous surface, adheres to it with a tenacity that is truly surprising

In proof of this, I will mention the following facts: A strap of sheep skin, glued to the hand by a thin layer of the solution, nine lines long and one and a half wide, sustained a weight of two pounds. A second strap, attached to the hand by a layer of the substance, nine lines in length and three in width, sustained a weight of three pounds. A third strap, fixed to the hand by a layer of the liquid, twelve lines square, resisted the force of ten pounds without giving way; and a fourth strap of the leather, glued to the hand by a stratum of the solution, measuring one and three-fourths of an inch in length and one in width, was not separated from its attachment by a gravity of twenty pounds! These statements may appear incredible; but they are founded on exact and carefully performed experiments, and are true. No other known gum possesses such adhesive power as these experiments show this cotton gum to be endowed with. No adhesive plaster hitherto used in surgery is to be compared with it in this respect. It therefore can be made use of in cases in which the common adhesive plaster would be useless.

The wonderful adhesive properties which my experiments proved it to possess, suggested the thought that it might an-

swer the purpose of sutures in surgery. And an opportunity soon occurred to enable me to decide the fact that it would. I allude to the operation performed by Dr. Whitney, for the removal of a wen from the head. Fearing that an erysipelatous inflammation might arise in the scalp. in case he united the divided parts by sutures, Dr. W. shaved the hair from the raised scalp, and by means of the cotton solution he glued some short and narrow straps of sheep skin on each flap, a short distance from their edge. These straps were then drawn towards each other until the edges of the wound were brought into close and exact union, and the free ends of the straps were fastened together by sutures. In this case the needle and thread were passed through inanimate leather instead of living flesh, causing no pain to the patient and no interruption of the process of healing. The wound healed favorably, and without the usual accidents necessarily occasioned by the presence of sutures in, and the operation for their removal from the parts. The happy results of this case convinced me that a means was now discovered which would enable the surgeon to do away with sutures, pins, and needles, in most of the cases in which these are at present considered indispensable.

Although unauthorized to do so, I must take the liberty, in this place, to mention the interesting fact that Dr. Comstock, of Wrentham, has recently employed this liquid as a dressing in a case of extensive laceration of the perineum, with a success that he thinks never attended any other mode of management. The dressings remained firmly attached and solid during the process of healing, notwithstanding they were for a time almost constantly covered by urine and mucus, and subject to being displaced by the movement of the patient.

Dr. Bigelow, in the same Journal for March 22d, has the following remarks on this new method for rapidly uniting wounds:

It is well known that common cotton, subjected for a certain length of time to the action of nitric and sulphuric acids, combined in stated proportions, is so changed in its intimate structure as to acquire an explosive property.

Professor Schonbein originally demonstrated this discovery, and ascertained the fact that prepared in a certain manner, this cotton is capable of solution in sulphuric ether. It is

known in the community by a name acquired from its explosive quality—*gun* cotton. I learned the manner of preparing this cotton, and of dissolving it in ether, from Dr. Charles T. Jackson, who remarked upon it and exhibited specimens before the Natural History Society, in December, 1846, or January, 1847. He enumerated various uses to which it might be applied—among others, for a brilliant varnish. For this use I soon after prepared a bottle according to his directions. While engaged in employing it in this way, I accidentally smeared with it a fresh wound on my finger. The smarting called my attention to it, and I endeavored to rub it off. It had dried, however, instantaneously, and remained on. The smarting very soon ceased, and when the film was removed, perfect union had taken place. Since this time I have been testing the efficacy of this preparation, as opportunities have occurred, as a dressing for wounds, especially those which it is desirable to unite rapidly, by first intention. It will be seen to possess, very eminently, all the requirements for producing such a union.

1st. By its powerful contraction, upon evaporation, it places the edges of an incised wound in much more intimate contact than is obtained by sutures and adhesive cloth—unites them by equal pressure throughout the whole extent of the wound, and maintains them immovably fixed.

2d. It preserves the wound perfectly from contact with the air—being impermeable to the atmosphere, while its adhesion to the skin is so intimate as to preclude the possibility of the air entering beneath its edges.

3d. The substance remaining in contact with the skin and wound after the evaporation of the ether, seems to be entirely inert, so far as any irritating property is concerned, and this can hardly be said of any resinous adhesive cloth or preparation.

4th. It does away with the necessity for sutures in incised wounds of almost any extent.

5th. It is sure to remain in intimate contact with the skin until union is complete—and being quite impervious to water, and presenting a polished surface, it allows the surrounding parts to be washed without regard to the wound or dressing.

6th. It is colorless and transparent, thus permitting the surgeon to witness all that goes on beneath, without involving the necessity for its removal.

7th. No heat is necessary for its application, and the

presence of any moderate degree of cold is only objectionable in retarding the evaporation of the ether.

8th. It may be made at a trifling cost—an ounce phial, intrinsically worth little, being sufficient for a great number of dressings.

It is not incised wounds alone which are amenable to its use, though the mode of its application to a stump, or an ulcer, or any wound involving an extensive loss of skin, must be modified.

It is of the first importance that this be properly made and applied. The process for the application is very simple.

For straight incisions of *whatever length*, provided the edges can be brought together without great difficulty, it is better to apply the solution in immediate contact with the skin—as follows: The bleeding should be arrested, and the skin thoroughly dried. If the lips of the wound are themselves in contact, the surgeon has only to apply a coating of the solution lengthwise over the approximated edges by means of a camel's hair pencil, leaving it untouched after the brush has once passed over it till it is dry, during, perhaps, ten or twenty seconds. This first film will of itself have confined the edges together; but in order to increase the firmness of the support, more must then be applied in the same manner, allowing it to extend on either side of the incision a half an inch or more. If, however, the wound gapes, an assistant is required to bring the edges in contact and retain them so whilst the application is made. If the incision is so long that the assistant cannot place the edges in apposition throughout the whole extent, begin by covering a small portion at the upper end, and apply the solution to the lower parts as fast as it becomes dry above. In this case something more than the film which is left adherent to the skin will be necessary for a safe and proper support to the wound, which may have a tendency to separate. The transparency of the dressing may be still maintained by adapting a piece of gold beater's skin or oiled silk to the wound. This should be covered with the solution, and the membrane applied after the coating is on and already contracted. A dossil of lint, or a strip of cloth, or even a piece of tissue paper which is thus rendered tough and water-proof, will answer the same purpose, though not transparent. Where there is such separation, it is better to fortify the wound in this way at once, and as fast as the first coating is applied and dry.

In dressing the wound left by the removal of the breast, the preparation may be applied in the same way. If, how-

ever, adhesion by first intention be not desired, the gum may be painted on in transverse strips, like adhesive cloth, letting the first strip dry and giving it the gold beater's skin support before the second is applied. Thus room is left for the escape of pus, and the exposed portion may be watched without removing the strips.

As a dressing after the operation for hare lip or cancer of the lip, where union by first intention and a narrow linear cicatrix are so desirable, this answers particularly well. The use of one or two sutures of the mucous surface is not obviated, as the solution will not adhere to the moist epithelium, or to a surface secreting mucus, with sufficient certainty. But this does not interfere at all with the satisfactory result upon the cuticle, as the skin will be probably united before the necessity for removing the suture arrives.

In operations for the restoration of parts, as, for instance, the nose, where union by first intention is important, we have had no opportunity to see it applied, but from analogy do not doubt that it would succeed perfectly, as it fulfils so entirely many of the requirements for such union. The same of all plastic operations; and a drop placed upon a small cut, or the puncture of a subcutaneous operation, seals them hermetically.

In dressing an ulcer, where there is, of course, a loss of soft parts, it is better to apply it through the intervention of some medium. Let a strip of cloth or gold beater's skin be cut of sufficient length, then let the two ends be covered thickly, an inch or more, with the solution. Apply this strip like a strip of adhesive cloth, so that the middle of the cloth, where there is none of the solution, shall come over the ulcer. After all the strips are applied, the air may be excluded by painting the cloth upon the outside over the ulcer with the solution. The same contraction goes on in drying, and so approximates the edges of the ulcer, and gives it firm support.

These are a few points which may serve to illustrate the general plan of the application of the adhesive gum to wounds —it must be left to the surgeon to make special investigation, as particular cases may demand.

To anticipate an obvious objection; the momentary pain arising from the direct application of the ether to an incised surface, may be in a great measure prevented by the intimate apposition of the edges of the wound. Again, this stimulus is brief and probably more than counteracted by the refrigerating influence of the evaporating ether. There are un-

doubtedly cases when such a stimulus would prove beneficial. It is even possible that the rapidity of the union which takes place under a coating of this gum, may be due, in part, to the influence of this stimulus.

I will allude, in a few words, to some of the surgical uses of the solution of gun cotton unconnected with the dressing of wounds. It may probably be applied instead of starch to a bandage enveloping a limb. Here, again, its power of contraction is a desideratum, as a snug casing is generally desired, and the force is exerted equally. Perhaps the limb may be immersed in the solution without the intervention of the bandage. Several coatings will here be required. Its use as a means of rendering pasteboard splints impervious to water, has been suggested to me by Dr. H. J. Bigelow; and a hundred other applications may be made of it at the bedside by the surgeon, who knows its nature and qualities. The pathologist, with his abrasions thus protected, may enter the inflamed peritoneal cavity with impunity, or examine fearlessly the products of inoculable lesions. In dissection, hang-nails, sores or abrasions of any kind, will be thus fully protected.

I am informed that a series of experiments are being now made at the Massachusetts General Hospital, by the surgeons in attendance, who will be soon able to test its value and range of application.

Solution of Sulphate of Iron in Prolapsus Ani.—Mr. Vincent, in his interesting volume entitled "*Observations on some of the Parts of Surgical Practice*," states that of late he has found such great advantage in employing the sulphate of iron in prolapsed bowel, that the operation may very often be dispensed with, and the patient cured merely by the use of this remedy. Very lately he has had two cases of the worst sort, one of twenty years standing, with great protrusion and abundance of bleeding piles, which in three weeks was completely cured. The other came from one of the institutions which offer great pretensions in the treatment of these cases. The patient was very bad, having both internal piles, and the bowel descended largely and most readily; he was completely relieved in about a month. Other cases of a slighter kind have been set to rights in a week. The patient should be kept in bed, so that the bowel may be as much as possible in repose,

and after it is cleansed out, a small quantity of the injection should be daily thrown up, and retained. Balsams are also well adapted to the disease.

The Concours.—The three Faculties of Paris, Montpellier, and Strasburg, consulted by the late French government upon some of the principles which should prevail in the proposed reorganization of the medical profession, declared with almost entire unanimity in favor of the election to all medical appointments by the Concours. This opinion from the seniors of the profession, which, in some quarters was very unexpected, would seem to be decisive in favor of the suitableness of the institution, at least for France. Our object in adverting to the subject just now, however, is merely to quote a table introduced by M. Bérard, in his report of the Faculty of Paris, and which he has compiled in answer to the somewhat contradictory assertion put forth in the chamber of Peers by M. Cousin, that the Concours is only calculated to furnish men either too young, or already worn out. The table furnishes the ages of the various Professors (since 1830) at the periods of their election:—

Name.	Age.	Date.	Name.	Age.	Date.
Brechet	53	1836	Trousseau	38	1839
Pelletan	49	1831	Dumas	38	1838
Sanson	46	1836	Richard	37	1831
Rostan	43	1833	Denonvilliers	37	1845
Piorry	43	1839	Gerdy	36	1833
Blandin	42	1840	Bouillaud	35	1831
Cloquet	41	1831	Royer-Collard	35	1837
Berard, jun.	40	1842	Gavarret	34	1843
Velpeau	39	1834	Berard, senr.	33	1831
Dubois	39	1834			

The general mean 39 years. In the Concours now holding there are ten candidates, the youngest of whom is 32, the oldest 52, the mean age being 43.—*Revue Medico-Chirurgicale.*

Condition of the Gums in Phthisis. By Dr. Frederico.—The author's attention was first called to this subject in 1844, when he observed a line of a red brick color near the free edge of the otherwise normal gums of a phthisical patient. The line was very narrow, and ran parallel with the edge of

the gums, but only opposite the incisors and canine teeth. Since that period, he has examined the gums in numerous subjects of phthisis, and has always found this red line more or less distinctly visible, although sometimes only opposite the inferior median incisors. The researches of the author do not enable him to say whether this sign manifests itself as one of the earliest symptoms of phthisis, nor to declare absolutely that it is seen in no other disease, although he has never yet met with it in such.—*L'Union Medicale.*

Diagnosis of Incomplete Fractures.—M. Debron, relating a case of fissured fracture of the lower end of the femur, which was undetected during life, observes that while the obscurity of these cases, owing to the absence of crepitus and all the usual symptoms, renders detection difficult, it is very important for the patient that this should be effected; else he is not placed under restrictions in the movements of his limb, which are essential to his well-doing, inasmuch as incaution in this respect has led to the development of inflammation, which has terminated in death, or the loss of the limb. *Severe pain* at the seat of the fracture, distinguishable from the more diffused, less fixed, and less intense pain of the accompanying contusion, is one of the best signs. If the indication furnished by this is overlooked or inappreciable, and the limb is not secured, another sign manifests itself, viz: *erysipelas arising at the very seat of fracture*, thus developing itself after the inflammation depending on the contusion has subsided. This erysipelas is accompanied, too, by an œdematus or pasty feeling of the part. The delay (perhaps several days) in the appearance of this form of erysipelas, arises from the inflammation first occurring among the soft parts around the bone, and spreading from within outwards (inversely to what it usually does), it being in fact, but a symptom of the suppuration which is going on between the bone and the muscles.—*Archives Generales.*

Ozone as a Cause of Disease. By Professor Schonbein.—The experiments made by Professor Schonbein some years since tended to show that when a current of ordinary electricity passes from pointed bodies into the air, a substance is produced, similar to that which becomes apparent, together

with oxygen, at the positive electrode on the decomposition of water by a voltaic pile, or by the action of phosphorus on moist air. To this substance the term *ozone* has been applied, as expressive of its powerful odour. The subsequent experiments of the same distinguished chemist have further shown, that this remarkable substance is not only an eminently oxidising agent, but that when inhaled, even if blended with a large quantity of air, it produces effects similar to those occasioned by chlorine and bromine; irritating the mucous membrane of the respiratory canals, and inducing acute catarrhal affections. As electricity is continually being evolved in the atmosphere, ozone must likewise be constantly produced in quantities which are probably proportionate to the intensity of the electrical discharges. As ozone at an ordinary temperature decomposes iodide of patassium by the separation of the iodine, it is evident that this iodide may, when mixed with a solution of starch, be used (if free from iodate of potash), for the purpose of detecting the presence of an infinitely small quantity of ozone in the atmosphere; since neither ordinary oxygen, nitrogen, nor a mixture of atmospheric air and carbonic acid, produce the same effect on iodide of potassium. This iodide paste will of course be colored blue, with an intensity proportionate to the quantity of ozone present in the atmosphere. Professor Schonbein has found that the period in which the iodide of paste turns blue in the open air varies extremely at different times; being occasionally colored more intensely in a few hours than at another period in the course of several days. On an average, this blue coloration is effected most rapidly in the colder seasons of the year; there are some days during summer, in which the paste is very rapidly colored, and this is especially the case in thunder-storms. Experience has shown that ozone is more rapidly produced by ordinary and voltaic electricity in proportion to the low degree of the temperature. It is a well-known fact, that in winter catarrhal effections of the mucous membrane of the respiratory organs frequently occur with such prevalence as to assume the character of an epidemic. Now if it were shown, that at certain periods, characterized by a general prevalence of catarrhal affections, large quantities of chlorine or bromine were present in the atmosphere, no one would hesitate to ascribe the cause of these diseases to the above substances. But it is an established fact, that by the inhalation of proportionally small quantities of ozone, physiological effects are produced similar to those which are occasioned by the inhalation of air charged with chlorine or bromine. This led Schon-

bein many years ago to conjecture that many catarrhal affections might be owing to the presence of ozone in the atmosphere. In the course of last winter several catarrhal epidemics occurred in Bâsle, so that very few persons escaped; and Schonbein and many physicians of that town, instituted a series of daily observations, with the view of ascertaining how far the rapidity and intensity of the blue coloration of the iodide paste was connected with the prevalence and intensity of the catarrhal symptoms: the results were conclusive as to the simultaneity of the maximum of the coloration with extremest intensity of the epidemic. Further and more exact observations are, however, necessary for the establishment of this fact; and as an investigation of this nature, may be so easily effected, we would call attention to the subject, which would be much elucidated by thermometrical and barometrical experiments. (A simple method of making observation, is by mixing pulverized iodide of potassium with a solution of starch, and exposing to the open air a strip of paper that has been rubbed over with the mixture.) As ozone is immediately decomposed by sulphuretted hydrogen and sulphurous acid, it would not be wholly devoid of interest to determine, whether persons living in the neighborhood of sulphur springs, or workmen engaged in metallurgic operations in which sulphurous acid is liberated, are less liable to catarrhal affections than those living in a purer atmosphere. In conclusion, we would remark that two hypotheses prevail with reference to the nature of ozone. According to Delarive and Berzelius, ozone is an allotropic modification of oxygen, occasioned either by electricity or by the catalytic activity of certain substances (as for instance phosphorus); whilst Professor Schonbein regards it as a higher stage of the oxidation of hydrogen, the combination of which is effected either by an electric or a catalytic influence.—*Henle u. Pfeufer's Zeitschrift fur rationelle Medizin.*

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AMERICAN MEDICAL ASSOCIATION.

We continue our account of what occurred at the late meeting of the American Medical Association.

Professor Paul F. Eve, of Georgia, on the first day of the meeting, proposed that the professors in the various Medical Schools present, should meet that evening, for the purpose of interchanging views respecting medical education in the United States. A meeting was accordingly held at the lecture-room of Dr. Dunbar, at which the following schools were represented: the Boston Medical College, Medical Institution of Yale College, College of Physicians and Surgeons of New York, University of Pennsylvania, Jefferson Medical College, Franklin Medical College, Pennsylvania Medical College, Philadelphia College of Medicine, Buffalo Medical College, University of Maryland, Washington University of Baltimore, Columbian College, Washington, D. C., University of Virginia, Medical College of Georgia, Medical College of Ohio, Starling Medical College, Indiana Medical College, and the University of Louisville. Professor Warren, of Boston, was requested to take the chair, when an informal discussion ensued upon a resolution offered by Professor Eve to the effect, that

the lecture-term of the medical schools ought to be extended to five months.

Professor Harrison, of Cincinnati, was not prepared to vote for this resolution. The question whether it was expedient to lengthen the term had not been decided by the Faculty of the Medical College of Ohio, and he was, therefore, without instructions from his colleagues.

Professor Ware, of Boston, did not deem the extension expedient, and in this view he was sustained by his colleague, Professor Holmes, who addressed the meeting in a few pointed remarks, strongly expressive of his disapprobation of the measure. He did not believe that anything would be gained to students by requiring them to attend more protracted courses of lectures. The change required is in the mode of instruction, which is radically imperfect, if not demonstrative.

Professor Jackson, of Philadelphia, was in favor of the resolution. If the operation of the measure should be to diminish the number of students and physicians in the United States, he thought it would be well. The proportion of physicians to the population, in this country, is 1 to 300 or 400, whereas in Europe it is 1 to 1,500, or 1 to 3,000 or 4,000. What the public is interested in, is not an increase in the number, but an improvement in the quality of our practitioners. The community wants highly educated men—medical philosophers—men capable of solving the higher problems of medical science. It is very possible to be good practitioners, and yet not be highly educated. Most diseases are managed successfully without much medicine, and if the physician be a man of tact he may succeed well with moderate attainments. The schools of this country turn out as good practitioners as any in the world, but still they are not physicians of the highest grade. Our graduates must still go abroad to fit themselves for the higher questions of medicine. In our short courses we are unable to do it, nor shall we be able to do it when the courses are extended to five months. It is well for our profession that the *dogmatic* style of teaching is passing away, and the *demonstrative* taking its place. But a difficulty lies in the way of a thorough change—there must be hospitals for demonstrative teaching, and unfortunately there are but few of these in this country in which clinical instruction can be made available to the student. In Philadelphia, he said, they experienced this evil to a great extent. The people have inadequate conceptions of physic, and do not properly second the efforts of physicians to advance the profession. They con-

ceive that the only business of the physician is to find out remedies for diseases, and hence they give no countenance to human dissections, and do nothing to promote the study of clinical medicine. The people—our municipal authorities—must first find us hospitals, and then we can make our teachings demonstrative.

Professor Hamilton, of Buffalo, advocated the resolution. The school in which he was a teacher had already made the extension proposed.

Professor Bond, of Washington University, at Baltimore, thought that those who had spoken had failed to make a correct diagnosis, and consequently to suggest the true remedy for the evils under which the profession is suffering. The profession, he said, is becoming more and more debased—is coming down to its pristine condition—"barber surgery." As confirmatory of his opinion, he related the following incident: A graduate of one of the Atlantic schools, a practitioner in Baltimore, insisted, in a consultation, that his patient, a female, was affected with an enlargement of the *prostate gland*. "I think you must be mistaken," remarked the consulting physician. "No sir, I cannot be," replied the youthful Hippocrates. "But, sir," was the conclusive answer of his senior, "*a woman has no prostate gland.*"

Dr. Bond went on to say, that students too generally entered the schools without the necessary qualifications for study, and were confused during the whole time of their attendance. They could not profit by the lectures, for the reason that their preliminary education was so imperfect. The consequence is, that the profession is sinking everywhere. Physicians are not looked upon as educated men. The evil lies in the fact that there are too many students, and too many medical schools. The multiplication of medical schools is at the bottom of the mischief, and here the reform must begin.

Professor Harrison rose again and remarked, that to his mind there was clear evidence that our profession is advancing. He could not speak so confidently concerning the East, but, in the West, he was sure it was making progress, and his belief was that it was going forward in all parts of our country. He did not share with Dr. Bond in his despondency, but indulged high hopes for the future.

Professor Huston, of Philadelphia, stated that he was not prepared to recommend an extension of the term. The Faculty of the Jefferson Medical College had not decided in favor of the change.

We stated, on behalf of the University of Louisville, that that Institution had already declared in favor of the principle of the resolution by adding two weeks to the session, and that in 1849 the term would be extended to five months.

The vote was decidedly in favor of the resolution of Dr. Eve, and when the question came before the Association, two days after, the result, as we stated in our last number, was the same; so that there is reason to believe the sessions in all schools will soon be extended. The extension will impose additional labor upon teachers, and additional expense upon students, but the sacrifice will be cheerfully incurred if it can be made to appear that good therefrom will result to the profession. Our conviction is clear that the step is in the right direction, and we do not doubt that the wisdom of it will soon be apparent to all.

When this subject was brought up in the Association by the report of the Committee on Medical Education, Professor Bond availed himself of the occasion to repeat the derogatory remarks concerning the profession which he had made at the meeting a few evenings before. His speech, which was heard by the members with evident signs of impatience, brought out Prof. Jackson in a very happy reply. Prof. J. spoke warmly of the improvement which medicine had undergone since he was himself a student. In a word, he administered a rebuke to those who had spoken of it as retrograding, which nearly every one felt to be just, and his remarks elicited hearty applause.

It was proposed by the committee just referred to, that students should be examined at the close of their first course of lectures, and, if found to have made proficiency, receive a certificate to that effect from the professors, but after a good deal of debate, the proposition was rejected. It was conceded to be most desirable that some mode should be adopted for securing the attention of students in the first year of their pupilage, but an examination of such a number as attend many of the schools was admitted to be impracticable under the present system. If the practice were universal for students to attend three courses of lectures, then they might be divided into classes, and examined successively, at the close of each course, on the different branches of medicine. In this way their faithful application would be encouraged, and they would know from year to year what progress they were making. It may be that such a system will be adopted in time, but at present we presume

none of our schools are prepared to insist upon three courses as a pre-requisite to graduation.

In lieu of the Theses now demanded of students of medicine, or as a part of them, it was proposed by the Committee on Medical Education, that students should be required to report a number of cases of disease which had passed under their own observation. The resolution advisatory of this change was adopted.

Another resolution offered by this committee was to the effect, that the Association would support those schools which respected its recommendations. This was rejected upon the ground that there was something in it resembling a threat. It was deemed best to leave the schools entirely free to adopt or reject the suggestions.

A resolution was adopted to appoint delegates to the British Association. Several distinguished Americans understood to be in Europe, among whom were Professor Woods and Professor Horner, of Philadelphia, were appointed.

Some interesting statements were made by Professor Jackson and other members, in regard to a *gastralgia* resulting in the laboring people of cities, from the excessive use of coffee and want of nutricious food. Prof. Jackson remarked that within a year or two he had met with more than twenty cases which had their origin in this cause. It was not uncommon for laboring men in Philadelphia to make their breakfast, dinner, and supper upon bread and coffee, without any animal food, and it was uniformly in such subjects that he had met with gastralgia. Milliners carry the abuse of coffee to a still greater length, drinking it not only at breakfast, dinner, and supper, but resorting to its stimulating effects between meals. This subject will be brought up at the next meeting by the Committee on Hygiene.

We have already alluded to the singular discordance of opinion, among the members of the Association, with regard to the value and safety of anæsthetic agents in the practice of surgery and obstetrics. Dr. Lindsley recommended them warmly in his report on Midwifery. Dr. Hodges, on the other hand, while he would leave to surgeons the question of their propriety in that branch of the art, does not consider that they are admissible in obstetrics. Some pain in labor, he supposes, is natural and healthful, and if excessive, it is for the accoucheur to ascertain and remove the cause. To give chloroform or ether in such cases, with a view to rendering the woman insensible, is no better prac-

tice than administering opium to a patient suffering under colic from irritating matter in his bowels. Congestion of the brain is a consequence of etherization, and it is well known that in many parturient females a dangerous tendency exists to this condition of the cerebral circulation. For these reasons, Dr. Hodge agrees with his analogue, Dr. Meigs, of the Jefferson Medical College, in declining to employ anæsthetics in obstetrical practice.

Dr. Parrish and Dr. Norris, members of the Committee on Surgery, were not agreed as to the value of these agents. The estimate placed upon them by the former gentleman is much higher than that of the latter. In this connexion it is proper to remark, that no surgeon in our country, perhaps, has looked more industriously into the history of etherization, or examined its statistics with greater care, than Dr. Parrish, and the mass of testimony adduced by him in its favor is such, we judge, as scepticism will hardly be able to gainsay or resist.

Dr. Warren remarked that having heard of the cases of death from chloroform, three of which were authenticated, he was at one time inclined to return to the use of sulphuric ether, but before doing so, since this agent was not wholly unobjectionable, he determined to experiment with some other substances. One of those of which he made trial was chloric ether, which he had found, in his experience with it thus far, eminently satisfactory. Up to the first of May he had administered it in from thirty to fifty cases, and in all with the desired effect. He did not pretend to say that this was a sufficient experience with the agent, but as far as it went it was encouraging. The chloric ether is not so sudden or so concentrated in its action as chloroform, and therefore more under the control of the operator, at the sametime that it does not require to be given in as large quantities as sulphuric ether, and is otherwise more eligible than this agent. Two weeks before the meeting of the Association he had employed it in the case of a woman, who submitted to an extirpation of a cancerous tumor from the antrum. The patient felt nothing during the operation; the incision was closed by means of the ethereal solution of gun-cotton, and only a line was left upon her face. Previous to this operation, he had given it to a patient about to submit to lithotripsy. The calculus, consisting of oxalate of lime, and which was as large as a robin's egg, was broken down and removed, without pain, at a single sitting.

The city in which etherization has found most favor, in this country, is Boston, the one in which the practice originated; that in which it

has met with most opposition is Philadelphia. In New York, the profession is much divivided on the question, as it is also in Baltimore. In both cities it has met with decided opposition, but has also warm advocates. We spent some profitable and pleasant hours with the medical gentlemen of Buffalo, on our way home, and learned from them that the practice had not become popular in that city. Dr. Eve, of Augusta, Georgia, is an advocate for it, and Dr. Parrish enumerated in his report many of the most eminent practitioners in the country who had declared in its favor.

The sentiments of the members were not more accordant respecting the relative merits of the various anæsthetics employed, some preferring chloroform, some sulphuric ether, and at least one inclining to a third agent. On the score of safety, it would appear that the ethers claim a superiority over chloroform, no well authenticated case of death from their inhalation having yet been announced; at the same time chloroform is so prompt, and, generally, so pleasant in its effects, is required in so small a quantity, and is so agreeble to inhale, that it will be apt to maintain its ground with patients and the profession, unless the disasters from its use should become more frequent than they have been.

Here we must close our notice of the Association until we are in possession of its printed Proceedings. We look forward with pleasure to the appearance of this volume, which we feel assured will be creditable to the profession of our country. We shall then return to the subject and supply the deficiences of our present report.

DEATH OF DR. BUCK.

It becomes our painful duty to announce the death of another of the physicians of Louisville. John Richardson Buck, M. D., departed this life at his residence in this city, on Monday, the 12th of June, at 1 o'clock, P.M.

Dr. Buck was known to the readers of our Journal as one of its valued contributors, and to a large body of private pupils, now settled in practice, as a lecturer on medicine. By all these his early death will be deeply deplored as a loss to the profession.

Dr. Buck was born at Versailles, in Kentucky, on the 1st of September, 1817, and consequently when he died was in the 32d year of his age. His parents were highly respectable, pious people, of the denomination of Baptists. They removed with their son, when a boy about 11 years old, to the neighborhood of Clarkesville, Tennessee, where he enjoyed such advantages for education as the country afforded. At a later period he was sent to a respectable classical school at Hopkinsville, Kentucky, and at this school he acquired the most valuable part of his preliminary education. About the age of eighteen years he commenced the study of medicine with Dr. Thomas, the family physician of his father, and a man who, with many eccentricities of character, had the reputation of a well informed practitioner. In 1836 he went to Philadelphia to prosecute his medical studies, and registered his name among the students of the University of Pennsylvania. He did not leave the city of Philadelphia until he received his degree, which he did, at the end of his second course of lectures, in the spring of 1838.

At an early period in his medical studies the mind of Dr. Buck was directed strongly to physical diagnosis and diseases of the chest, and while in Philadelphia he profited by the able instructions of Dr. Gerhard, at the Blockley Hospital. These branches remained with him favorite subjects of study, and the skill to which he attained in them was attested by his large classes of admiring pupils, and the frequency with which he was called in consultation by his senior brethren of the profession.

Dr. Buck, after obtaining his degree, went to Memphis, in Tennessee, where he remained about four years. His success there does not appear to have been very encouraging, and his thoughts having received a decidedly religious turn, it is believed that, at one time, he seriously meditated becoming a candidate for holy orders. In 1842, by the advice of his friend and relative, Dr. S. B. Richardson, he removed to this city, and united with his kinsman in establishing the Louisville Dispensary, a private institution which was kept up with benefit to the poor of the community for some time. Here Dr. Buck had the most ample opportunities for testing and extending his knowledge of physical diagnosis, as well as of disease in general. He entered with zeal upon the new path thus opened up before him, and in the autumn of that year proposed to give instructions in his favorite specialty; but, owing

to party prejudices of which unwittingly he became the subject, in his first attempt to form a class he was unsuccessful. Although his introductory lecture was duly announced, but a single student was present to hear it. This failure, however, did not discourage him, and though he was cut off in the early prime of life, he lived to see his talents appreciated, and his rooms filled by students eager to profit by his instructions.

In 1844, a number of the physicians of Louisville associated themselves together for the purpose of giving medical instruction, under the title of the Louisville Summer School of Medicine. Dr. Buck was one of the number, and we are able from our own personal knowledge to testify, that his course of lectures gave the highest satisfaction. From this time he became one of the stated medical teachers of Louisville, and his rooms were sought out by students every winter in increasing numbers.

Dr. Buck's attention having been early directed especially to physical diagnosis, and this having continued to be his favorite study, it is natural that, with his excellent powers of mind, he should have acquired great accuracy of diagnosis in diseases of the chest. His eminence in this respect was acknowledged by his professional brethren, and was beginning to be appreciated by the public. But while he cultivated this particular department with so much assiduity, he did not suffer his mind to become contracted, but prepared himself by laborious study for general practice. No man was more above the arts of the charlatan, who aims at rising into notice by pretending to peculiar skill in some special disease. He was eminently free from pretension, a modest man, who was content to rise slowly upon the sure basis of the good opinion of his brother practitioners.

As a lecturer, Dr. Buck's manner was happy in an uncommon degree. Possessed of a good voice and striking personal appearance, he was fluent, ready, clear, and impressive. His ample forehead, and calm benevolence of expression, made the most agreeable impression upon his hearers, which was sustained and perpetuated by the accurate knowledge which he never failed to communicate in his lectures. His pupils, in listening to him, had the conviction that they were attending to the instructions of one who thoroughly understood his subject—of a master in his profession.

Dr. Buck became a contributor to our Journal in 1845, anterior to which time we are not aware that he ever wrote anything for the press.

His first papers consisted of "Lectures on Physical Diagnosis and Diseases of the Chest," five in number. These lectures are marked by the simplicity of style, and clearness, and distinctness of matter and manner which always characterized the author, writing or speaking. He seems never to have conceived of ornament, but communicated his thoughts in the fewest and simplest words.

Two of these lectures are devoted to the pathology and treatment of tubercular phthisis. Dr. Buck opposed the doctrine of the inflammatory origin of tubercle. This morbid phenomenon originates, he contended, in poverty of the blood. The nutritive fluid having become deficient in fibrin deposits tubercular matter. His therapeutics are rationally directed to a correction of this altered state of the sanguineous fluid. Consumption, according to this view, is to be cured in its incipient stage, before tubercles are yet deposited, by diet and tonics, directed to increasing the fibrin of the blood.

In January, 1846, he published a paper on the Fevers which prevail at this place during the summer and fall. The paper consisted chiefly of the report of cases, one of which terminated fatally, and afforded Dr. Buck an opportunity of recording the læsions presented by the body after death. From the very limited number of such observations in our region of country, every case of the kind possesses interest. In this case, the cœcum was found enlarged, and its mucous membrane inflamed in its whole extent; the rectum was inflamed; the spleen was softened, and increased in size; in the ilium some patches of Peyer's glands were ulcerated; some redness was perceived at the cardiac orifice of the stomach and in the duodenum; the liver was perfectly normal in size and appearance.

In September, of the same year, he published the results of some "Experiments on the Blood in Asthma, Epilepsy, Hydropericardium, and Bilious Fever." These experiments evince accuracy, and a talent for experimental research.

Dr. Buck's last communication to the Journal appeared in the number for June, and embraced the history of three cases of Tubercular Phthisis; the subjects of which recovered. These cases possess unusual interest. In all three the physical signs of tubercle were well marked; in one, the patient was of a consumptive family, and in the other two the disease came on with profuse hemorrhage of the lungs. The treatment consisted in local depletion, followed by iodide of iron, or oxide of silver. This paper appeared after the author had been confined to

his bed by the illness which terminated his valuable life. Had he lived, there can be no doubt that he would have continued to be an industrious writer, and both in pathology and practice the profession would have been enriched by his labors.

We have alluded to the fact that, years ago, the mind of the deceased received a strong turn towards divinity. When quite young he became a member of the Episcopal church, in the faith of which he died. He was an unostentatious, but, there are the best grounds for believing, a sincere Christian. His life was one of unvarying probity, and in his intercourse with society he was gentle and unoffending. Fully persuaded of the truth of his profession, he conformed faithfully to all the observances of the church in which he had been received. He was scrupulous in his attendance on divine worship, and when found in his office on the Sabbath it was with his bible in his hand. The end of a man who had thus endeavored to walk with God, and live at peace with his fellow men, would be expected to be peaceful; and such was the close of Dr. Buck's life. He was in possession and had the prospect of all that renders life desirable, but when his disease proved unmanageable, and he saw that his hour had come, he yielded to the summons without a murmur, or any token of alarm. He requested that he might see his friend, and spiritual adviser, the Rev. Mr. Craik, to whom he remarked, that "although the world had often led him far from the path of duty, he would not give up the hope that he had in Christ for the world."

The disease which brought to a premature close the life of this estimable and highly promising young physician, was bilious fever. His disease was severe from the onset, though it did not terminate in death till the end of the second week. A post mortem examination of his body was made by his medical friends, but nothing special was noted.

On the day of his burial, the physicians of Louisville met and adopted the following resolutions:

"*Resolved*, That it was with no ordinary feelings of sorrow we learned the melancholy event of the death of our professional brother, JOHN R. BUCK, M.D.

"*Resolved*, That the demise of this gentleman, who although still young, had become as much distinguished for his skill and attainments in medicine, as for the amenity of his manners, and the purity of his private life, is an event deeply to be deplored by the profession.

"*Resolved*, That a member of this meeting be appointed to prepare a biographical notice of the deceased, to be published in the Western Journal of Medicine and Surgery.

"*Resolved*, That the condolence of this meeting be tendered to the family of the deceased in their trying bereavement, and that a copy of these resolutions be forwarded to them as a testimony of the respect in which he was held by his professional brethren."

SURGERY AT A DISCOUNT.

The following case came before one of the city magistrates a few days since. The son of a man whose income is, say $25,000 a year, received a wound about three-fourths of an inch long on the upper lip. The wound extended obliquely upwards and backwards from the free border of the lip, which was entirely divided for the space of a quarter of an inch. A young physician brought the edges together by means of the twisted suture, and adhesion took place immediately. The reparation is almost perfect, scarcely a mark being left in the line of the wound. After the lapse of a proper time, a bill of *ten dollars* was sent to the boy's father; payment was refused, and suit was brought to enforce payment. One of the editors of this Journal swore (and does yet for that matter) that the service was well worth ten dollars; another physician swore that it was worth just three dollars; and a student of medicine (!) swore that it was worth just three dollars. The doctors' testimony being as 1½ to 1, the court decided that the cure of accidental harelip is worth just three dollars! The plaintiff, not satisfied with the judgment, took an appeal. He says he wants the value of such a piece of surgery fixed and settled indubitably; wants it placed on record, so that in future there may be no litigation. We shall give notice of the result.